

Montana Medicaid Outpatient 'CLAB' Procedure Fee Schedule

Outpatient Hospital CLAB Services

Effective 04/01/2015

Montana Medicaid Conversion Factor =

\$ 55.53

Laboratory Billing Provider Notice

<http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2014/medicaidoutpatientlabbilling02192014.pdf>

Definitions:

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Method – Source of fee determination

- APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual.
- Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)
- APC/By Report: Based on APC designation as pass-through. Paid at the provider specific Medicaid cost to charge ratio for outpatient services.
- Fee Sched: Medicaid fee for listed code. Codes noted as "not allowed" will cause the claim line to deny.
- Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 62% of listed fee for sole community hospitals and at 60% for others.
- By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply. For outpatient hospital services, providers are paid their current Medicaid cost to charge ratio for outpatient services.
- Inpatient Only: These services are not payable in an outpatient setting
- Not Allowed: These services are not payable
- Bundled/subject to separate payment criteria: Services may be packaged in ceratin instances. These services will have a fee listed but may only be payable if specific criteria are met.

PA – Prior Authorization

- Y: Prior authorization is required
- Space: Prior authorization is not required

Status Indicators:

- C Inpatient services that are not payable under OPPS
 - E Not allowed under Oupatient
 - G Pass through drugs and biologicals
 - H Pass through devices that are paid by report
 - K Drugs and biologicals paid by APC
 - M Montana Medicaid specific fee
 - N Services for which payment is packaged into another service or APC
 - Q Montana Medicaid Laboratory service
 - R Blood and blood products
 - S Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply
 - T Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies
 - U Brachytherapy Sources
 - V Medical visits (including clinic or emergency department visits) that are paid under OPPS
 - X Ancillary services that are paid under OPPS
 - Y Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services
- Some procedures may have a variable status dependant on if they are provided with another billable services.
- These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

Note: This fee schedule is used by OPPS and non-OPPS facilities. Not all codes listed are appropriate for use by all facilities

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Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
36415	M	ROUTINE VENIPUNCTURE				Medicare	\$3.00			
80047	Q	METABOLIC PANEL IONIZED CA				Medicare	\$19.18	\$0.00	\$0.00	
80048	Q	METABOLIC PANEL TOTAL CA				Medicare	\$19.18	\$0.00	\$0.00	
80050	Q	GENERAL HEALTH PANEL				Fee Schedule	\$56.77			
80051	Q	ELECTROLYTE PANEL				Medicare	\$15.92	\$0.00	\$0.00	
80053	Q	COMPREHEN METABOLIC PANEL				Medicare	\$23.95	\$0.00	\$0.00	
80055	Q	OBSTETRIC PANEL				Fee Schedule	\$44.69			
80061	Q	LIPID PANEL				Medicare	\$30.37	\$0.00	\$0.00	
80069	Q	RENAL FUNCTION PANEL				Medicare	\$19.70	\$0.00	\$0.00	
80074	Q	ACUTE HEPATITIS PANEL				Medicare	\$106.58	\$0.00	\$0.00	
80076	Q	HEPATIC FUNCTION PANEL				Medicare	\$18.52	\$0.00	\$0.00	
80150	Q	ASSAY OF AMIKACIN				Medicare	\$34.18	\$0.00	\$0.00	
80155	Q	DRUG SCREEN QUANT CAFFEINE				Medicare	\$32.08	\$0.00	\$0.00	
80156	Q	ASSAY CARBAMAZEPINE TOTAL				Medicare	\$33.03	\$0.00	\$0.00	
80157	Q	ASSAY CARBAMAZEPINE FREE				Medicare	\$30.07	\$0.00	\$0.00	
80158	Q	ASSAY OF CYCLOSPORINE				Medicare	\$40.95	\$0.00	\$0.00	
80159	Q	DRUG SCREEN QUANT CLOZAPINE				Medicare	\$41.95	\$0.00	\$0.00	
80162	Q	ASSAY OF DIGOXIN				Medicare	\$30.12	\$0.00	\$0.00	
80164	Q	ASSAY DIPROPYLACETIC ACID				Medicare	\$30.73	\$0.00	\$0.00	
80168	Q	ASSAY OF ETHOSUXIMIDE				Medicare	\$25.92	\$0.00	\$0.00	
80169	Q	DRUG SCREEN QUANT EVEROLIMUS				Medicare	\$31.15	\$0.00	\$0.00	
80170	Q	ASSAY OF GENTAMICIN				Medicare	\$37.17	\$0.00	\$0.00	
80171	Q	DRUG SCREEN QUANT GABAPENTIN				Medicare	\$30.07	\$0.00	\$0.00	
80173	Q	ASSAY OF HALOPERIDOL				Medicare	\$33.03	\$0.00	\$0.00	
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE				Medicare	\$30.07	\$0.00	\$0.00	
80176	Q	ASSAY OF LIDOCAINE				Medicare	\$33.32	\$0.00	\$0.00	
80177	Q	DRUG SCR N QUAN LEVETIRACETAM				Medicare	\$30.07	\$0.00	\$0.00	
80178	Q	ASSAY OF LITHIUM				Medicare	\$15.00	\$0.00	\$0.00	
80180	Q	DRUG SCR N QUAN MYCOPHENOLATE				Medicare	\$40.95	\$0.00	\$0.00	
80183	Q	DRUG SCR N QUANT OXCARBAZEPIN				Medicare	\$30.07	\$0.00	\$0.00	
80184	Q	ASSAY OF PHENOBARBITAL				Medicare	\$25.97	\$0.00	\$0.00	
80185	Q	ASSAY OF PHENYTOIN TOTAL				Medicare	\$30.07	\$0.00	\$0.00	
80186	Q	ASSAY OF PHENYTOIN FREE				Medicare	\$31.22	\$0.00	\$0.00	
80188	Q	ASSAY OF PRIMIDONE				Medicare	\$35.92	\$0.00	\$0.00	
80190	Q	ASSAY OF PROCAINAMIDE				Medicare	\$38.00	\$0.00	\$0.00	
80192	Q	ASSAY OF PROCAINAMIDE				Medicare	\$38.00	\$0.00	\$0.00	
80194	Q	ASSAY OF QUINIDINE				Medicare	\$33.12	\$0.00	\$0.00	
80195	Q	ASSAY OF SIROLIMUS				Medicare	\$31.15	\$0.00	\$0.00	
80197	Q	ASSAY OF TACROLIMUS				Medicare	\$31.15	\$0.00	\$0.00	
80198	Q	ASSAY OF THEOPHYLLINE				Medicare	\$32.08	\$0.00	\$0.00	
80199	Q	DRUG SCREEN QUANT TIAGABINE				Medicare	\$40.97	\$0.00	\$0.00	
80200	Q	ASSAY OF TOBRAMYCIN				Medicare	\$36.57	\$0.00	\$0.00	
80201	Q	ASSAY OF TOPIRAMATE				Medicare	\$27.05	\$0.00	\$0.00	
80202	Q	ASSAY OF VANCOMYCIN				Medicare	\$30.73	\$0.00	\$0.00	
80203	Q	DRUG SCREEN QUANT ZONISAMIDE				Medicare	\$30.07	\$0.00	\$0.00	
80299	Q	QUANTITATIVE ASSAY DRUG				Medicare	\$31.07	\$0.00	\$0.00	
80400	Q	ACTH STIMULATION PANEL				Medicare	\$73.98	\$0.00	\$0.00	
80402	Q	ACTH STIMULATION PANEL				Medicare	\$197.22	\$0.00	\$0.00	
80406	Q	ACTH STIMULATION PANEL				Medicare	\$143.77	\$0.00	\$0.00	
80408	Q	ALDOSTERONE SUPPRESSION EVAL				Medicare	\$284.63	\$0.00	\$0.00	
80410	Q	CALCITONIN STIMUL PANEL				Medicare	\$182.22	\$0.00	\$0.00	
80412	Q	CRH STIMULATION PANEL				Medicare	\$747.62	\$0.00	\$0.00	
80414	Q	TESTOSTERONE RESPONSE				Medicare	\$117.12	\$0.00	\$0.00	
80415	Q	ESTRADIOL RESPONSE PANEL				Medicare	\$126.75	\$0.00	\$0.00	
80416	Q	RENIN STIMULATION PANEL				Medicare	\$299.30	\$0.00	\$0.00	
80417	Q	RENIN STIMULATION PANEL				Medicare	\$99.77	\$0.00	\$0.00	
80418	Q	PITUITARY EVALUATION PANEL				Medicare	\$1,314.57	\$0.00	\$0.00	
80420	Q	DEXAMETHASONE PANEL				Medicare	\$163.40	\$0.00	\$0.00	
80422	Q	GLUCAGON TOLERANCE PANEL				Medicare	\$104.50	\$0.00	\$0.00	
80424	Q	GLUCAGON TOLERANCE PANEL				Medicare	\$114.53	\$0.00	\$0.00	
80426	Q	GONADOTROPIN HORMONE PANEL				Medicare	\$336.60	\$0.00	\$0.00	
80428	Q	GROWTH HORMONE PANEL				Medicare	\$151.28	\$0.00	\$0.00	
80430	Q	GROWTH HORMONE PANEL				Medicare	\$178.00	\$0.00	\$0.00	
80432	Q	INSULIN SUPPRESSION PANEL				Medicare	\$255.17	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
80434	Q	INSULIN TOLERANCE PANEL				Medicare	\$229.47	\$0.00	\$0.00	
80435	Q	INSULIN TOLERANCE PANEL				Medicare	\$233.65	\$0.00	\$0.00	
80436	Q	METYRAPONE PANEL				Medicare	\$206.77	\$0.00	\$0.00	
80438	Q	TRH STIMULATION PANEL				Medicare	\$114.33	\$0.00	\$0.00	
80439	Q	TRH STIMULATION PANEL				Medicare	\$152.45	\$0.00	\$0.00	
81000	Q	URINALYSIS NONAUTO W/SCOPE				Medicare	\$7.18	\$0.00	\$0.00	
81001	Q	URINALYSIS AUTO W/SCOPE				Medicare	\$7.18	\$0.00	\$0.00	
81002	Q	URINALYSIS NONAUTO W/O SCOPE				Medicare	\$5.80	\$0.00	\$0.00	
81003	Q	URINALYSIS AUTO W/O SCOPE				Medicare	\$5.10	\$0.00	\$0.00	
81005	Q	URINALYSIS				Medicare	\$4.92	\$0.00	\$0.00	
81007	Q	URINE SCREEN FOR BACTERIA				Medicare	\$5.82	\$0.00	\$0.00	
81015	Q	MICROSCOPIC EXAM OF URINE				Medicare	\$6.90	\$0.00	\$0.00	
81020	Q	URINALYSIS GLASS TEST				Medicare	\$8.37	\$0.00	\$0.00	
81025	Q	URINE PREGNANCY TEST				Medicare	\$9.00	\$0.00	\$0.00	
81050	Q	URINALYSIS VOLUME MEASURE				Medicare	\$6.80	\$0.00	\$0.00	
81099	N	URINALYSIS TEST PROCEDURE				bundled, sometimes payable	\$0.00			
82009	Q	TEST FOR ACETONE/KETONES				Medicare	\$10.25	\$0.00	\$0.00	
82010	Q	ACETONE ASSAY				Medicare	\$18.53	\$0.00	\$0.00	
82013	Q	ACETYLCHOLINESTERASE ASSAY				Medicare	\$25.33	\$0.00	\$0.00	
82016	Q	ACYLCARNITINES QUAL				Medicare	\$31.45	\$0.00	\$0.00	
82017	Q	ACYLCARNITINES QUANT				Medicare	\$38.25	\$0.00	\$0.00	
82024	Q	ASSAY OF ACTH				Medicare	\$87.60	\$0.00	\$0.00	
82030	Q	ASSAY OF ADP & AMP				Medicare	\$58.52	\$0.00	\$0.00	
82040	Q	ASSAY OF SERUM ALBUMIN				Medicare	\$9.50	\$0.00	\$0.00	
82042	Q	ASSAY OF URINE ALBUMIN				Medicare	\$6.77	\$0.00	\$0.00	
82043	Q	MICROALBUMIN QUANTITATIVE				Medicare	\$13.12	\$0.00	\$0.00	
82044	Q	MICROALBUMIN SEMIQUANT				Medicare	\$10.37	\$0.00	\$0.00	
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Medicare	\$76.98	\$0.00	\$0.00	
82075	Q	ASSAY OF BREATH ETHANOL				Medicare	\$27.33	\$0.00	\$0.00	
82085	Q	ASSAY OF ALDOLASE				Medicare	\$22.02	\$0.00	\$0.00	
82088	Q	ASSAY OF ALDOSTERONE				Medicare	\$92.43	\$0.00	\$0.00	
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL				Medicare	\$30.48	\$0.00	\$0.00	
82104	Q	ALPHA-1-ANTITRYPSIN PHENO				Medicare	\$32.80	\$0.00	\$0.00	
82105	Q	ALPHA-FETOPROTEIN SERUM				Medicare	\$38.05	\$0.00	\$0.00	
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC				Medicare	\$38.05	\$0.00	\$0.00	
82107	Q	ALPHA-FETOPROTEIN L3				Medicare	\$146.08	\$0.00	\$0.00	
82108	Q	ASSAY OF ALUMINUM				Medicare	\$57.78	\$0.00	\$0.00	
82120	Q	AMINES VAGINAL FLUID QUAL				Medicare	\$8.53	\$0.00	\$0.00	
82127	Q	AMINO ACID SINGLE QUAL				Medicare	\$31.45	\$0.00	\$0.00	
82128	Q	AMINO ACIDS MULT QUAL				Medicare	\$31.45	\$0.00	\$0.00	
82131	Q	AMINO ACIDS SINGLE QUANT				Medicare	\$38.25	\$0.00	\$0.00	
82135	Q	ASSAY AMINOLEVULINIC ACID				Medicare	\$37.32	\$0.00	\$0.00	
82136	Q	AMINO ACIDS QUANT 2-5				Medicare	\$38.25	\$0.00	\$0.00	
82139	Q	AMINO ACIDS QUAN 6 OR MORE				Medicare	\$38.25	\$0.00	\$0.00	
82140	Q	ASSAY OF AMMONIA				Medicare	\$29.80	\$0.00	\$0.00	
82143	Q	AMNIOTIC FLUID SCAN				Medicare	\$15.58	\$0.00	\$0.00	
82150	Q	ASSAY OF AMYLASE				Medicare	\$14.70	\$0.00	\$0.00	
82154	Q	ANDROSTANEDIOL GLUCURONIDE				Medicare	\$65.40	\$0.00	\$0.00	
82157	Q	ASSAY OF ANDROSTENEDIONE				Medicare	\$66.40	\$0.00	\$0.00	
82160	Q	ASSAY OF ANDROSTERONE				Medicare	\$56.72	\$0.00	\$0.00	
82163	Q	ASSAY OF ANGIOTENSIN II				Medicare	\$46.55	\$0.00	\$0.00	
82164	Q	ANGIOTENSIN I ENZYME TEST				Medicare	\$33.12	\$0.00	\$0.00	
82172	Q	ASSAY OF APOLIPOPROTEIN				Medicare	\$35.15	\$0.00	\$0.00	
82175	Q	ASSAY OF ARSENIC				Medicare	\$43.03	\$0.00	\$0.00	
82180	Q	ASSAY OF ASCORBIC ACID				Medicare	\$22.42	\$0.00	\$0.00	
82190	Q	ATOMIC ABSORPTION				Medicare	\$33.80	\$0.00	\$0.00	
82232	Q	ASSAY OF BETA-2 PROTEIN				Medicare	\$36.70	\$0.00	\$0.00	
82239	Q	BILE ACIDS TOTAL				Medicare	\$38.85	\$0.00	\$0.00	
82240	Q	BILE ACIDS CHOLYLGLYCINE				Medicare	\$60.28	\$0.00	\$0.00	
82247	Q	BILIRUBIN TOTAL				Medicare	\$11.38	\$0.00	\$0.00	
82248	Q	BILIRUBIN DIRECT				Medicare	\$11.38	\$0.00	\$0.00	
82252	Q	FECAL BILIRUBIN TEST				Medicare	\$10.32	\$0.00	\$0.00	
82261	Q	ASSAY OF BIOTINIDASE				Medicare	\$38.25	\$0.00	\$0.00	
82270	Q	OCCULT BLOOD FECES				Medicare	\$7.38	\$0.00	\$0.00	

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82271	Q	OCCULT BLOOD OTHER SOURCES				Medicare	\$7.38	\$0.00	\$0.00	
82272	Q	OCCULT BLD FECES 1-3 TESTS				Medicare	\$7.38	\$0.00	\$0.00	
82274	Q	ASSAY TEST FOR BLOOD FECAL				Medicare	\$36.08	\$0.00	\$0.00	
82286	Q	ASSAY OF BRADYKININ				Medicare	\$15.63	\$0.00	\$0.00	
82300	Q	ASSAY OF CADMIUM				Medicare	\$52.48	\$0.00	\$0.00	
82306	Q	VITAMIN D 25 HYDROXY				Medicare	\$67.15	\$0.00	\$0.00	
82308	Q	ASSAY OF CALCITONIN				Medicare	\$60.75	\$0.00	\$0.00	
82310	Q	ASSAY OF CALCIUM				Medicare	\$11.70	\$0.00	\$0.00	
82330	Q	ASSAY OF CALCIUM				Medicare	\$31.00	\$0.00	\$0.00	
82331	Q	CALCIUM INFUSION TEST				Medicare	\$11.73	\$0.00	\$0.00	
82340	Q	ASSAY OF CALCIUM IN URINE				Medicare	\$13.68	\$0.00	\$0.00	
82355	Q	CALCULUS ANALYSIS QUAL				Medicare	\$26.25	\$0.00	\$0.00	
82360	Q	CALCULUS ASSAY QUANT				Medicare	\$29.20	\$0.00	\$0.00	
82365	Q	CALCULUS SPECTROSCOPY				Medicare	\$29.25	\$0.00	\$0.00	
82370	Q	X-RAY ASSAY CALCULUS				Medicare	\$28.42	\$0.00	\$0.00	
82373	Q	ASSAY C-D TRANSFER MEASURE				Medicare	\$40.97	\$0.00	\$0.00	
82374	Q	ASSAY BLOOD CARBON DIOXIDE				Medicare	\$11.08	\$0.00	\$0.00	
82375	Q	ASSAY CARBOXYHB QUANT				Medicare	\$19.83	\$0.00	\$0.00	
82376	Q	ASSAY CARBOXYHB QUAL				Medicare	\$13.58	\$0.00	\$0.00	
82378	Q	CARCINOEMBRYONIC ANTIGEN				Medicare	\$43.02	\$0.00	\$0.00	
82379	Q	ASSAY OF CARNITINE				Medicare	\$38.25	\$0.00	\$0.00	
82380	Q	ASSAY OF CAROTENE				Medicare	\$20.92	\$0.00	\$0.00	
82382	Q	ASSAY URINE CATECHOLAMINES				Medicare	\$39.00	\$0.00	\$0.00	
82383	Q	ASSAY BLOOD CATECHOLAMINES				Medicare	\$56.83	\$0.00	\$0.00	
82384	Q	ASSAY THREE CATECHOLAMINES				Medicare	\$57.27	\$0.00	\$0.00	
82387	Q	ASSAY OF CATHEPSIN-D				Medicare	\$8.93	\$0.00	\$0.00	
82390	Q	ASSAY OF CERULOPLASMIN				Medicare	\$24.37	\$0.00	\$0.00	
82397	Q	CHEMILUMINESCENT ASSAY				Medicare	\$29.72	\$0.00	\$0.00	
82415	Q	ASSAY OF CHLORAMPHENICOL				Medicare	\$28.73	\$0.00	\$0.00	
82435	Q	ASSAY OF BLOOD CHLORIDE				Medicare	\$10.43	\$0.00	\$0.00	
82436	Q	ASSAY OF URINE CHLORIDE				Medicare	\$11.42	\$0.00	\$0.00	
82438	Q	ASSAY OTHER FLUID CHLORIDES				Medicare	\$11.08	\$0.00	\$0.00	
82441	Q	TEST FOR CHLOROHYDROCARBONS				Medicare	\$13.62	\$0.00	\$0.00	
82465	Q	ASSAY BLD/SERUM CHOLESTEROL				Medicare	\$9.87	\$0.00	\$0.00	
82480	Q	ASSAY SERUM CHOLINESTERASE				Medicare	\$17.87	\$0.00	\$0.00	
82482	Q	ASSAY RBC CHOLINESTERASE				Medicare	\$17.42	\$0.00	\$0.00	
82485	Q	ASSAY CHONDROITIN SULFATE				Medicare	\$46.83	\$0.00	\$0.00	
82486	Q	GAS/LIQUID CHROMATOGRAPHY				Medicare	\$40.97	\$0.00	\$0.00	
82487	Q	PAPER CHROMATOGRAPHY				Medicare	\$36.22	\$0.00	\$0.00	
82488	Q	PAPER CHROMATOGRAPHY				Medicare	\$48.45	\$0.00	\$0.00	
82489	Q	THIN LAYER CHROMATOGRAPHY				Medicare	\$41.95	\$0.00	\$0.00	
82491	Q	CHROMOTOGRAPHY QUANT SING				Medicare	\$40.97	\$0.00	\$0.00	
82492	Q	CHROMOTOGRAPHY QUANT MULT				Medicare	\$40.97	\$0.00	\$0.00	
82495	Q	ASSAY OF CHROMIUM				Medicare	\$46.00	\$0.00	\$0.00	
82507	Q	ASSAY OF CITRATE				Medicare	\$63.07	\$0.00	\$0.00	
82523	Q	COLLAGEN CROSSLINKS				Medicare	\$34.73	\$0.00	\$0.00	
82525	Q	ASSAY OF COPPER				Medicare	\$28.15	\$0.00	\$0.00	
82528	Q	ASSAY OF CORTICOSTERONE				Medicare	\$51.07	\$0.00	\$0.00	
82530	Q	CORTISOL FREE				Medicare	\$37.90	\$0.00	\$0.00	
82533	Q	TOTAL CORTISOL				Medicare	\$36.98	\$0.00	\$0.00	
82540	Q	ASSAY OF CREATINE				Medicare	\$10.52	\$0.00	\$0.00	
82541	Q	COLUMN CHROMOTOGRAPHY QUAL				Medicare	\$40.97	\$0.00	\$0.00	
82542	Q	COLUMN CHROMOTOGRAPHY QUANT				Medicare	\$40.97	\$0.00	\$0.00	
82543	Q	COLUMN CHROMOTOGRAPH/ISOTOPE				Medicare	\$40.97	\$0.00	\$0.00	
82544	Q	COLUMN CHROMOTOGRAPH/ISOTOPE				Medicare	\$40.97	\$0.00	\$0.00	
82550	Q	ASSAY OF CK (CPK)				Medicare	\$14.77	\$0.00	\$0.00	
82552	Q	ASSAY OF CPK IN BLOOD				Medicare	\$30.38	\$0.00	\$0.00	
82553	Q	CREATINE MB FRACTION				Medicare	\$26.20	\$0.00	\$0.00	
82554	Q	CREATINE ISOFORMS				Medicare	\$20.82	\$0.00	\$0.00	
82565	Q	ASSAY OF CREATININE				Medicare	\$11.62	\$0.00	\$0.00	
82570	Q	ASSAY OF URINE CREATININE				Medicare	\$11.73	\$0.00	\$0.00	
82575	Q	CREATININE CLEARANCE TEST				Medicare	\$21.43	\$0.00	\$0.00	
82585	Q	ASSAY OF CRYOFIBRINOGEN				Medicare	\$19.47	\$0.00	\$0.00	
82595	Q	ASSAY OF CRYOGLOBULIN				Medicare	\$14.68	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
82600	Q	ASSAY OF CYANIDE				Medicare	\$44.00	\$0.00	\$0.00	
82607	Q	VITAMIN B-12				Medicare	\$34.18	\$0.00	\$0.00	
82608	Q	B-12 BINDING CAPACITY				Medicare	\$32.47	\$0.00	\$0.00	
82610	Q	CYSTATIN C				Medicare	\$30.83	\$0.00	\$0.00	
82615	Q	TEST FOR URINE CYSTINES				Medicare	\$18.52	\$0.00	\$0.00	
82626	Q	DEHYDROEPIANDROSTERONE				Medicare	\$57.32	\$0.00	\$0.00	
82627	Q	DEHYDROEPIANDROSTERONE				Medicare	\$50.43	\$0.00	\$0.00	
82633	Q	DESOXYCORTICOSTERONE				Medicare	\$70.27	\$0.00	\$0.00	
82634	Q	DEOXYCORTISOL				Medicare	\$66.40	\$0.00	\$0.00	
82638	Q	ASSAY OF DIBUCAINE NUMBER				Medicare	\$27.77	\$0.00	\$0.00	
82652	Q	VIT D 1 25-DIHYDROXY				Medicare	\$87.32	\$0.00	\$0.00	
82656	Q	PANCREATIC ELASTASE FECAL				Medicare	\$26.17	\$0.00	\$0.00	
82657	Q	ENZYME CELL ACTIVITY				Medicare	\$40.97	\$0.00	\$0.00	
82658	Q	ENZYME CELL ACTIVITY RA				Medicare	\$40.97	\$0.00	\$0.00	
82664	Q	ELECTROPHORETIC TEST				Medicare	\$77.92	\$0.00	\$0.00	
82668	Q	ASSAY OF ERYTHROPOIETIN				Medicare	\$42.63	\$0.00	\$0.00	
82670	Q	ASSAY OF ESTRADIOL				Medicare	\$63.37	\$0.00	\$0.00	
82671	Q	ASSAY OF ESTROGENS				Medicare	\$73.27	\$0.00	\$0.00	
82672	Q	ASSAY OF ESTROGEN				Medicare	\$49.22	\$0.00	\$0.00	
82677	Q	ASSAY OF ESTRIOL				Medicare	\$54.85	\$0.00	\$0.00	
82679	Q	ASSAY OF ESTRONE				Medicare	\$56.60	\$0.00	\$0.00	
82693	Q	ASSAY OF ETHYLENE GLYCOL				Medicare	\$33.78	\$0.00	\$0.00	
82696	Q	ASSAY OF ETIOCHOLANOLONE				Medicare	\$53.48	\$0.00	\$0.00	
82705	Q	FATS/LIPIDS FECES QUAL				Medicare	\$11.55	\$0.00	\$0.00	
82710	Q	FATS/LIPIDS FECES QUANT				Medicare	\$38.12	\$0.00	\$0.00	
82715	Q	ASSAY OF FECAL FAT				Medicare	\$39.03	\$0.00	\$0.00	
82725	Q	ASSAY OF BLOOD FATTY ACIDS				Medicare	\$30.20	\$0.00	\$0.00	
82726	Q	LONG CHAIN FATTY ACIDS				Medicare	\$40.97	\$0.00	\$0.00	
82728	Q	ASSAY OF FERRITIN				Medicare	\$30.90	\$0.00	\$0.00	
82731	Q	ASSAY OF FETAL FIBRONECTIN				Medicare	\$146.08	\$0.00	\$0.00	
82735	Q	ASSAY OF FLUORIDE				Medicare	\$42.05	\$0.00	\$0.00	
82746	Q	ASSAY OF FOLIC ACID SERUM				Medicare	\$33.35	\$0.00	\$0.00	
82747	Q	ASSAY OF FOLIC ACID RBC				Medicare	\$39.28	\$0.00	\$0.00	
82757	Q	ASSAY OF SEMEN FRUCTOSE				Medicare	\$39.33	\$0.00	\$0.00	
82759	Q	ASSAY OF RBC GALACTOKINASE				Medicare	\$48.73	\$0.00	\$0.00	
82760	Q	ASSAY OF GALACTOSE				Medicare	\$25.40	\$0.00	\$0.00	
82775	Q	ASSAY GALACTOSE TRANSFERASE				Medicare	\$47.78	\$0.00	\$0.00	
82776	Q	GALACTOSE TRANSFERASE TEST				Medicare	\$19.02	\$0.00	\$0.00	
82777	Q	GALECTIN-3				Medicare	\$49.88	\$0.00	\$0.00	
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH				Medicare	\$20.65	\$0.00	\$0.00	
82785	Q	ASSAY OF IGE				Medicare	\$37.35	\$0.00	\$0.00	
82787	Q	IGG 1 2 3 OR 4 EACH				Medicare	\$18.18	\$0.00	\$0.00	
82800	Q	BLOOD PH				Medicare	\$19.18	\$0.00	\$0.00	
82803	Q	BLOOD GASES ANY COMBINATION				Medicare	\$43.88	\$0.00	\$0.00	
82805	Q	BLOOD GASES W/O2 SATURATION				Medicare	\$64.37	\$0.00	\$0.00	
82810	Q	BLOOD GASES O2 SAT ONLY				Medicare	\$19.80	\$0.00	\$0.00	
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY				Medicare	\$22.65	\$0.00	\$0.00	
82930	Q	GASTRIC ANALY W/PH EA SPEC				Medicare	\$12.35	\$0.00	\$0.00	
82938	Q	GASTRIN TEST				Medicare	\$40.13	\$0.00	\$0.00	
82941	Q	ASSAY OF GASTRIN				Medicare	\$40.00	\$0.00	\$0.00	
82943	Q	ASSAY OF GLUCAGON				Medicare	\$32.40	\$0.00	\$0.00	
82945	Q	GLUCOSE OTHER FLUID				Medicare	\$8.90	\$0.00	\$0.00	
82946	Q	GLUCAGON TOLERANCE TEST				Medicare	\$31.03	\$0.00	\$0.00	
82947	Q	ASSAY GLUCOSE BLOOD QUANT				Medicare	\$8.90	\$0.00	\$0.00	
82948	Q	REAGENT STRIP/BLOOD GLUCOSE				Medicare	\$7.18	\$0.00	\$0.00	
82950	Q	GLUCOSE TEST				Medicare	\$10.77	\$0.00	\$0.00	
82951	Q	GLUCOSE TOLERANCE TEST (GTT)				Medicare	\$29.20	\$0.00	\$0.00	
82952	Q	GTT-ADDED SAMPLES				Medicare	\$8.90	\$0.00	\$0.00	
82955	Q	ASSAY OF G6PD ENZYME				Medicare	\$21.98	\$0.00	\$0.00	
82960	Q	TEST FOR G6PD ENZYME				Medicare	\$13.73	\$0.00	\$0.00	
82962	Q	GLUCOSE BLOOD TEST				Medicare	\$5.32	\$0.00	\$0.00	
82963	Q	ASSAY OF GLUCOSIDASE				Medicare	\$48.73	\$0.00	\$0.00	
82965	Q	ASSAY OF GDH ENZYME				Medicare	\$17.53	\$0.00	\$0.00	
82977	Q	ASSAY OF GGT				Medicare	\$16.33	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
82978	Q	ASSAY OF GLUTATHIONE				Medicare	\$32.33	\$0.00	\$0.00	
82979	Q	ASSAY RBC GLUTATHIONE				Medicare	\$15.63	\$0.00	\$0.00	
82985	Q	ASSAY OF GLYCATED PROTEIN				Medicare	\$26.40	\$0.00	\$0.00	
83001	Q	ASSAY OF GONADOTROPIN (FSH)				Medicare	\$42.15	\$0.00	\$0.00	
83002	Q	ASSAY OF GONADOTROPIN (LH)				Medicare	\$42.00	\$0.00	\$0.00	
83003	Q	ASSAY GROWTH HORMONE (HGH)				Medicare	\$37.83	\$0.00	\$0.00	
83009	Q	H PYLORI (C-13) BLOOD				Medicare	\$152.77	\$0.00	\$0.00	
83010	Q	ASSAY OF HAPTOGLOBIN QUANT				Medicare	\$28.53	\$0.00	\$0.00	
83012	Q	ASSAY OF HAPTOGLOBINS				Medicare	\$39.00	\$0.00	\$0.00	
83013	Q	H PYLORI (C-13) BREATH				Medicare	\$152.77	\$0.00	\$0.00	
83014	Q	H PYLORI DRUG ADMIN				Medicare	\$17.83	\$0.00	\$0.00	
83015	Q	HEAVY METAL SCREEN				Medicare	\$42.72	\$0.00	\$0.00	
83018	Q	QUANTITATIVE SCREEN METALS				Medicare	\$49.82	\$0.00	\$0.00	
83020	Q	HEMOGLOBIN ELECTROPHORESIS				Medicare	\$29.20	\$0.00	\$0.00	
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY				Medicare	\$40.97	\$0.00	\$0.00	
83026	Q	HEMOGLOBIN COPPER SULFATE				Medicare	\$5.37	\$0.00	\$0.00	
83030	Q	FETAL HEMOGLOBIN CHEMICAL				Medicare	\$18.75	\$0.00	\$0.00	
83033	Q	FETAL HEMOGLOBIN ASSAY QUAL				Medicare	\$13.52	\$0.00	\$0.00	
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Medicare	\$22.02	\$0.00	\$0.00	
83037	E	GLYCOSYLATED HB HOME DEVICE				Not Allowed	\$0.00			
83045	Q	BLOOD METHEMOGLOBIN TEST				Medicare	\$11.23	\$0.00	\$0.00	
83050	Q	BLOOD METHEMOGLOBIN ASSAY				Medicare	\$16.63	\$0.00	\$0.00	
83051	Q	ASSAY OF PLASMA HEMOGLOBIN				Medicare	\$16.58	\$0.00	\$0.00	
83060	Q	BLOOD SULFHEMOGLOBIN ASSAY				Medicare	\$18.75	\$0.00	\$0.00	
83065	Q	ASSAY OF HEMOGLOBIN HEAT				Medicare	\$15.63	\$0.00	\$0.00	
83068	Q	HEMOGLOBIN STABILITY SCREEN				Medicare	\$19.18	\$0.00	\$0.00	
83069	Q	ASSAY OF URINE HEMOGLOBIN				Medicare	\$8.95	\$0.00	\$0.00	
83070	Q	ASSAY OF HEMOSIDERIN QUAL				Medicare	\$10.77	\$0.00	\$0.00	
83080	Q	ASSAY OF B HEXOSAMINIDASE				Medicare	\$38.25	\$0.00	\$0.00	
83088	Q	ASSAY OF HISTAMINE				Medicare	\$66.98	\$0.00	\$0.00	
83090	Q	ASSAY OF HOMOCYSTINE				Medicare	\$38.25	\$0.00	\$0.00	
83150	Q	ASSAY OF HOMOVANILLIC ACID				Medicare	\$43.88	\$0.00	\$0.00	
83491	Q	ASSAY OF CORTICOSTEROIDS 17				Medicare	\$39.73	\$0.00	\$0.00	
83497	Q	ASSAY OF 5-HIAA				Medicare	\$29.25	\$0.00	\$0.00	
83498	Q	ASSAY OF PROGESTERONE 17-D				Medicare	\$61.62	\$0.00	\$0.00	
83499	Q	ASSAY OF PROGESTERONE 20-				Medicare	\$57.18	\$0.00	\$0.00	
83500	Q	ASSAY FREE HYDROXYPROLINE				Medicare	\$51.37	\$0.00	\$0.00	
83505	Q	ASSAY TOTAL HYDROXYPROLINE				Medicare	\$55.15	\$0.00	\$0.00	
83516	Q	IMMUNOASSAY NONANTIBODY				Medicare	\$26.17	\$0.00	\$0.00	
83518	Q	IMMUNOASSAY DIPSTICK				Medicare	\$19.22	\$0.00	\$0.00	
83519	Q	RIA NONANTIBODY				Medicare	\$30.65	\$0.00	\$0.00	
83520	Q	IMMUNOASSAY QUANT NOS NONAB				Medicare	\$29.37	\$0.00	\$0.00	
83525	Q	ASSAY OF INSULIN				Medicare	\$25.92	\$0.00	\$0.00	
83527	Q	ASSAY OF INSULIN				Medicare	\$29.37	\$0.00	\$0.00	
83528	Q	ASSAY OF INTRINSIC FACTOR				Medicare	\$36.08	\$0.00	\$0.00	
83540	Q	ASSAY OF IRON				Medicare	\$9.85	\$0.00	\$0.00	
83550	Q	IRON BINDING TEST				Medicare	\$12.28	\$0.00	\$0.00	
83570	Q	ASSAY OF IDH ENZYME				Medicare	\$20.07	\$0.00	\$0.00	
83582	Q	ASSAY OF KETOGENIC STEROIDS				Medicare	\$32.13	\$0.00	\$0.00	
83586	Q	ASSAY 17- KETOSTEROIDS				Medicare	\$29.05	\$0.00	\$0.00	
83593	Q	FRACTIONATION KETOSTEROIDS				Medicare	\$59.65	\$0.00	\$0.00	
83605	Q	ASSAY OF LACTIC ACID				Medicare	\$24.22	\$0.00	\$0.00	
83615	Q	LACTATE (LD) (LDH) ENZYME				Medicare	\$13.68	\$0.00	\$0.00	
83625	Q	ASSAY OF LDH ENZYMES				Medicare	\$29.03	\$0.00	\$0.00	
83630	Q	LACTOFERRIN FECAL (QUAL)				Medicare	\$44.52	\$0.00	\$0.00	
83631	Q	LACTOFERRIN FECAL (QUANT)				Medicare	\$44.52	\$0.00	\$0.00	
83632	Q	PLACENTAL LACTOGEN				Medicare	\$45.85	\$0.00	\$0.00	
83633	Q	TEST URINE FOR LACTOSE				Medicare	\$12.47	\$0.00	\$0.00	
83655	Q	ASSAY OF LEAD				Medicare	\$27.45	\$0.00	\$0.00	
83661	Q	L/S RATIO FETAL LUNG				Medicare	\$49.87	\$0.00	\$0.00	
83662	Q	FOAM STABILITY FETAL LUNG				Medicare	\$15.35	\$0.00	\$0.00	
83663	Q	FLUORO POLARIZE FETAL LUNG				Medicare	\$15.35	\$0.00	\$0.00	
83664	Q	LAMELLAR BDY FETAL LUNG				Medicare	\$15.35	\$0.00	\$0.00	
83670	Q	ASSAY OF LAP ENZYME				Medicare	\$20.78	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
83690	Q	ASSAY OF LIPASE				Medicare	\$15.18	\$0.00	\$0.00	
83695	Q	ASSAY OF LIPOPROTEIN(A)				Medicare	\$29.37	\$0.00	\$0.00	
83698	Q	ASSAY LIPOPROTEIN PLA2				Medicare	\$76.98	\$0.00	\$0.00	
83700	Q	LIOPRO BLD ELECTROPHORETIC				Medicare	\$25.53	\$0.00	\$0.00	
83701	Q	LIOPROTEIN BLD HR FRACTION				Medicare	\$56.30	\$0.00	\$0.00	
83704	Q	LIOPROTEIN BLD BY NMR				Medicare	\$71.55	\$0.00	\$0.00	
83718	Q	ASSAY OF LIPOPROTEIN				Medicare	\$18.57	\$0.00	\$0.00	
83719	Q	ASSAY OF BLOOD LIPOPROTEIN				Medicare	\$26.40	\$0.00	\$0.00	
83721	Q	ASSAY OF BLOOD LIPOPROTEIN				Medicare	\$21.65	\$0.00	\$0.00	
83727	Q	ASSAY OF LRH HORMONE				Medicare	\$39.00	\$0.00	\$0.00	
83735	Q	ASSAY OF MAGNESIUM				Medicare	\$15.18	\$0.00	\$0.00	
83775	Q	ASSAY MALATE DEHYDROGENASE				Medicare	\$16.72	\$0.00	\$0.00	
83785	Q	ASSAY OF MANGANESE				Medicare	\$55.78	\$0.00	\$0.00	
83788	Q	MASS SPECTROMETRY QUAL				Medicare	\$40.97	\$0.00	\$0.00	
83789	Q	MASS SPECTROMETRY QUANT				Medicare	\$40.97	\$0.00	\$0.00	
83825	Q	ASSAY OF MERCURY				Medicare	\$36.87	\$0.00	\$0.00	
83835	Q	ASSAY OF METANEPHRINES				Medicare	\$38.42	\$0.00	\$0.00	
83857	Q	ASSAY OF METHEMALBUMIN				Medicare	\$24.37	\$0.00	\$0.00	
83861	Q	MICROFLUID ANALY TEARS				Medicare	\$37.47	\$0.00	\$0.00	
83864	Q	MUCOPOLYSACCHARIDES				Medicare	\$45.17	\$0.00	\$0.00	
83872	Q	ASSAY SYNOVIAL FLUID MUCIN				Medicare	\$13.30	\$0.00	\$0.00	
83873	Q	ASSAY OF CSF PROTEIN				Medicare	\$39.02	\$0.00	\$0.00	
83874	Q	ASSAY OF MYOGLOBIN				Medicare	\$29.30	\$0.00	\$0.00	
83876	Q	ASSAY MYELOPEROXIDASE				Medicare	\$76.98	\$0.00	\$0.00	
83880	Q	ASSAY OF NATRIURETIC PEPTIDE				Medicare	\$76.98	\$0.00	\$0.00	
83883	Q	ASSAY NEPHELOMETRY NOT SPEC				Medicare	\$30.83	\$0.00	\$0.00	
83885	Q	ASSAY OF NICKEL				Medicare	\$55.57	\$0.00	\$0.00	
83915	Q	ASSAY OF NUCLEOTIDASE				Medicare	\$25.30	\$0.00	\$0.00	
83916	Q	OLIGOCLONAL BANDS				Medicare	\$45.62	\$0.00	\$0.00	
83918	Q	ORGANIC ACIDS TOTAL QUANT				Medicare	\$37.32	\$0.00	\$0.00	
83919	Q	ORGANIC ACIDS QUAL EACH				Medicare	\$37.32	\$0.00	\$0.00	
83921	Q	ORGANIC ACID SINGLE QUANT				Medicare	\$37.32	\$0.00	\$0.00	
83930	Q	ASSAY OF BLOOD OSMOLALITY				Medicare	\$15.00	\$0.00	\$0.00	
83935	Q	ASSAY OF URINE OSMOLALITY				Medicare	\$15.47	\$0.00	\$0.00	
83937	Q	ASSAY OF OSTEOCALCIN				Medicare	\$67.70	\$0.00	\$0.00	
83945	Q	ASSAY OF OXALATE				Medicare	\$29.20	\$0.00	\$0.00	
83950	Q	ONCOPROTEIN HER-2/NEU				Medicare	\$146.08	\$0.00	\$0.00	
83951	Q	ONCOPROTEIN DCP				Medicare	\$146.08	\$0.00	\$0.00	
83970	Q	ASSAY OF PARATHORMONE				Medicare	\$93.62	\$0.00	\$0.00	
83986	Q	ASSAY PH BODY FLUID NOS				Medicare	\$8.12	\$0.00	\$0.00	
83987	Q	EXHALED BREATH CONDENSATE				Medicare	\$36.02	\$0.00	\$0.00	
83992	Q	ASSAY FOR PHENCYCLIDINE				Medicare	\$33.33	\$0.00	\$0.00	
83993	Q	ASSAY FOR CALPROTECTIN FECAL				Medicare	\$44.52	\$0.00	\$0.00	
84030	Q	ASSAY OF BLOOD PKU				Medicare	\$12.47	\$0.00	\$0.00	
84035	Q	ASSAY OF PHENYLKETONES				Medicare	\$8.30	\$0.00	\$0.00	
84060	Q	ASSAY ACID PHOSPHATASE				Medicare	\$16.75	\$0.00	\$0.00	
84061	Q	PHOSPHATASE FORENSIC EXAM				Medicare	\$17.93	\$0.00	\$0.00	
84066	Q	ASSAY PROSTATE PHOSPHATASE				Medicare	\$21.92	\$0.00	\$0.00	
84075	Q	ASSAY ALKALINE PHOSPHATASE				Medicare	\$11.73	\$0.00	\$0.00	
84078	Q	ASSAY ALKALINE PHOSPHATASE				Medicare	\$16.57	\$0.00	\$0.00	
84080	Q	ASSAY ALKALINE PHOSPHATASES				Medicare	\$33.53	\$0.00	\$0.00	
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL				Medicare	\$37.47	\$0.00	\$0.00	
84085	Q	ASSAY OF RBC PG6D ENZYME				Medicare	\$15.30	\$0.00	\$0.00	
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES				Medicare	\$23.42	\$0.00	\$0.00	
84100	Q	ASSAY OF PHOSPHORUS				Medicare	\$10.75	\$0.00	\$0.00	
84105	Q	ASSAY OF URINE PHOSPHORUS				Medicare	\$11.73	\$0.00	\$0.00	
84106	Q	TEST FOR PORPHOBILINOGEN				Medicare	\$9.70	\$0.00	\$0.00	
84110	Q	ASSAY OF PORPHOBILINOGEN				Medicare	\$19.13	\$0.00	\$0.00	
84112	Q	EVAL AMNIOTIC FLUID PROTEIN				Medicare	\$146.08	\$0.00	\$0.00	
84119	Q	TEST URINE FOR PORPHYRINS				Medicare	\$19.53	\$0.00	\$0.00	
84120	Q	ASSAY OF URINE PORPHYRINS				Medicare	\$33.37	\$0.00	\$0.00	
84126	Q	ASSAY OF FECES PORPHYRINS				Medicare	\$57.77	\$0.00	\$0.00	
84132	Q	ASSAY OF SERUM POTASSIUM				Medicare	\$10.43	\$0.00	\$0.00	
84133	Q	ASSAY OF URINE POTASSIUM				Medicare	\$9.75	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
84134	Q	ASSAY OF PREALBUMIN				Medicare	\$33.07	\$0.00	\$0.00	
84135	Q	ASSAY OF PREGNANEDIOL				Medicare	\$43.38	\$0.00	\$0.00	
84138	Q	ASSAY OF PREGNANETRIOL				Medicare	\$42.95	\$0.00	\$0.00	
84140	Q	ASSAY OF PREGNENOLONE				Medicare	\$46.88	\$0.00	\$0.00	
84143	Q	ASSAY OF 17-HYDROXYPREGNENO				Medicare	\$34.90	\$0.00	\$0.00	
84144	Q	ASSAY OF PROGESTERONE				Medicare	\$47.32	\$0.00	\$0.00	
84145	Q	PROCALCITONIN (PCT)				Medicare	\$60.75	\$0.00	\$0.00	
84146	Q	ASSAY OF PROLACTIN				Medicare	\$43.95	\$0.00	\$0.00	
84150	Q	ASSAY OF PROSTAGLANDIN				Medicare	\$56.60	\$0.00	\$0.00	
84152	Q	ASSAY OF PSA COMPLEXED				Medicare	\$41.72	\$0.00	\$0.00	
84153	Q	ASSAY OF PSA TOTAL				Medicare	\$41.72	\$0.00	\$0.00	
84154	Q	ASSAY OF PSA FREE				Medicare	\$41.72	\$0.00	\$0.00	
84155	Q	ASSAY OF PROTEIN SERUM				Medicare	\$8.32	\$0.00	\$0.00	
84156	Q	ASSAY OF PROTEIN URINE				Medicare	\$8.32	\$0.00	\$0.00	
84157	Q	ASSAY OF PROTEIN OTHER				Medicare	\$8.32	\$0.00	\$0.00	
84160	Q	ASSAY OF PROTEIN ANY SOURCE				Medicare	\$11.73	\$0.00	\$0.00	
84163	Q	PAPPA SERUM				Medicare	\$34.15	\$0.00	\$0.00	
84165	Q	PROTEIN E-PHORESIS SERUM				Medicare	\$24.35	\$0.00	\$0.00	
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Medicare	\$40.45	\$0.00	\$0.00	
84181	Q	WESTERN BLOT TEST				Medicare	\$38.63	\$0.00	\$0.00	
84182	Q	PROTEIN WESTERN BLOT TEST				Medicare	\$40.82	\$0.00	\$0.00	
84202	Q	ASSAY RBC PROTOPORPHYRIN				Medicare	\$32.53	\$0.00	\$0.00	
84203	Q	TEST RBC PROTOPORPHYRIN				Medicare	\$19.52	\$0.00	\$0.00	
84206	Q	ASSAY OF PROINSULIN				Medicare	\$40.40	\$0.00	\$0.00	
84207	Q	ASSAY OF VITAMIN B-6				Medicare	\$63.73	\$0.00	\$0.00	
84210	Q	ASSAY OF PYRUVATE				Medicare	\$24.62	\$0.00	\$0.00	
84220	Q	ASSAY OF PYRUVATE KINASE				Medicare	\$21.42	\$0.00	\$0.00	
84228	Q	ASSAY OF QUININE				Medicare	\$26.40	\$0.00	\$0.00	
84233	Q	ASSAY OF ESTROGEN				Medicare	\$146.08	\$0.00	\$0.00	
84234	Q	ASSAY OF PROGESTERONE				Medicare	\$147.15	\$0.00	\$0.00	
84235	Q	ASSAY OF ENDOCRINE HORMONE				Medicare	\$118.72	\$0.00	\$0.00	
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Medicare	\$82.95	\$0.00	\$0.00	
84244	Q	ASSAY OF RENIN				Medicare	\$49.88	\$0.00	\$0.00	
84252	Q	ASSAY OF VITAMIN B-2				Medicare	\$45.90	\$0.00	\$0.00	
84255	Q	ASSAY OF SELENIUM				Medicare	\$57.90	\$0.00	\$0.00	
84260	Q	ASSAY OF SEROTONIN				Medicare	\$70.27	\$0.00	\$0.00	
84270	Q	ASSAY OF SEX HORMONE GLOBUL				Medicare	\$49.30	\$0.00	\$0.00	
84275	Q	ASSAY OF SIALIC ACID				Medicare	\$30.48	\$0.00	\$0.00	
84285	Q	ASSAY OF SILICA				Medicare	\$53.40	\$0.00	\$0.00	
84295	Q	ASSAY OF SERUM SODIUM				Medicare	\$10.92	\$0.00	\$0.00	
84300	Q	ASSAY OF URINE SODIUM				Medicare	\$11.03	\$0.00	\$0.00	
84302	Q	ASSAY OF SWEAT SODIUM				Medicare	\$11.03	\$0.00	\$0.00	
84305	Q	ASSAY OF SOMATOMEDIN				Medicare	\$48.22	\$0.00	\$0.00	
84307	Q	ASSAY OF SOMATOSTATIN				Medicare	\$41.47	\$0.00	\$0.00	
84311	Q	SPECTROPHOTOMETRY				Medicare	\$15.87	\$0.00	\$0.00	
84315	Q	BODY FLUID SPECIFIC GRAVITY				Medicare	\$5.70	\$0.00	\$0.00	
84375	Q	CHROMATOGRAM ASSAY SUGARS				Medicare	\$44.47	\$0.00	\$0.00	
84376	Q	SUGARS SINGLE QUAL				Medicare	\$12.47	\$0.00	\$0.00	
84377	Q	SUGARS MULTIPLE QUAL				Medicare	\$12.47	\$0.00	\$0.00	
84378	Q	SUGARS SINGLE QUANT				Medicare	\$26.15	\$0.00	\$0.00	
84379	Q	SUGARS MULTIPLE QUANT				Medicare	\$26.15	\$0.00	\$0.00	
84392	Q	ASSAY OF URINE SULFATE				Medicare	\$10.77	\$0.00	\$0.00	
84402	Q	ASSAY OF FREE TESTOSTERONE				Medicare	\$57.75	\$0.00	\$0.00	
84403	Q	ASSAY OF TOTAL TESTOSTERONE				Medicare	\$58.55	\$0.00	\$0.00	
84425	Q	ASSAY OF VITAMIN B-1				Medicare	\$48.15	\$0.00	\$0.00	
84430	Q	ASSAY OF THIOCYANATE				Medicare	\$26.40	\$0.00	\$0.00	
84431	Q	THROMBOXANE URINE				Medicare	\$38.12	\$0.00	\$0.00	
84432	Q	ASSAY OF THYROGLOBULIN				Medicare	\$36.43	\$0.00	\$0.00	
84436	Q	ASSAY OF TOTAL THYROXINE				Medicare	\$15.58	\$0.00	\$0.00	
84437	Q	ASSAY OF NEONATAL THYROXINE				Medicare	\$14.68	\$0.00	\$0.00	
84439	Q	ASSAY OF FREE THYROXINE				Medicare	\$20.45	\$0.00	\$0.00	
84442	Q	ASSAY OF THYROID ACTIVITY				Medicare	\$33.53	\$0.00	\$0.00	
84443	Q	ASSAY THYROID STIM HORMONE				Medicare	\$38.12	\$0.00	\$0.00	
84445	Q	ASSAY OF TSI GLOBULIN				Medicare	\$115.33	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
84446	Q	ASSAY OF VITAMIN E				Medicare	\$32.15	\$0.00	\$0.00	
84449	Q	ASSAY OF TRANSCORTIN				Medicare	\$40.82	\$0.00	\$0.00	
84450	Q	TRANSFERASE (AST) (SGOT)				Medicare	\$11.73	\$0.00	\$0.00	
84460	Q	ALANINE AMINO (ALT) (SGPT)				Medicare	\$12.02	\$0.00	\$0.00	
84466	Q	ASSAY OF TRANSFERRIN				Medicare	\$28.97	\$0.00	\$0.00	
84478	Q	ASSAY OF TRIGLYCERIDES				Medicare	\$13.03	\$0.00	\$0.00	
84479	Q	ASSAY OF THYROID (T3 OR T4)				Medicare	\$14.68	\$0.00	\$0.00	
84480	Q	ASSAY TRIIODOTHYRONINE (T3)				Medicare	\$32.15	\$0.00	\$0.00	
84481	Q	FREE ASSAY (FT-3)				Medicare	\$38.42	\$0.00	\$0.00	
84482	Q	T3 REVERSE				Medicare	\$35.75	\$0.00	\$0.00	
84484	Q	ASSAY OF TROPONIN QUANT				Medicare	\$22.32	\$0.00	\$0.00	
84485	Q	ASSAY DUODENAL FLUID TRYPSIN				Medicare	\$17.05	\$0.00	\$0.00	
84488	Q	TEST FECES FOR TRYPSIN				Medicare	\$16.57	\$0.00	\$0.00	
84490	Q	ASSAY OF FECES FOR TRYPSIN				Medicare	\$17.25	\$0.00	\$0.00	
84510	Q	ASSAY OF TYROSINE				Medicare	\$23.60	\$0.00	\$0.00	
84512	Q	ASSAY OF TROPONIN QUAL				Medicare	\$17.47	\$0.00	\$0.00	
84520	Q	ASSAY OF UREA NITROGEN				Medicare	\$8.95	\$0.00	\$0.00	
84525	Q	UREA NITROGEN SEMI-QUANT				Medicare	\$8.53	\$0.00	\$0.00	
84540	Q	ASSAY OF URINE/UREA-N				Medicare	\$10.77	\$0.00	\$0.00	
84545	Q	UREA-N CLEARANCE TEST				Medicare	\$14.98	\$0.00	\$0.00	
84550	Q	ASSAY OF BLOOD/URIC ACID				Medicare	\$10.25	\$0.00	\$0.00	
84560	Q	ASSAY OF URINE/URIC ACID				Medicare	\$10.77	\$0.00	\$0.00	
84577	Q	ASSAY OF FECES/UROBILINOGEN				Medicare	\$28.30	\$0.00	\$0.00	
84578	Q	TEST URINE UROBILINOGEN				Medicare	\$7.38	\$0.00	\$0.00	
84580	Q	ASSAY OF URINE UROBILINOGEN				Medicare	\$16.10	\$0.00	\$0.00	
84583	Q	ASSAY OF URINE UROBILINOGEN				Medicare	\$11.42	\$0.00	\$0.00	
84585	Q	ASSAY OF URINE VMA				Medicare	\$35.15	\$0.00	\$0.00	
84586	Q	ASSAY OF VIP				Medicare	\$80.15	\$0.00	\$0.00	
84588	Q	ASSAY OF VASOPRESSIN				Medicare	\$76.98	\$0.00	\$0.00	
84590	Q	ASSAY OF VITAMIN A				Medicare	\$26.32	\$0.00	\$0.00	
84591	Q	ASSAY OF NOS VITAMIN				Medicare	\$26.32	\$0.00	\$0.00	
84597	Q	ASSAY OF VITAMIN K				Medicare	\$31.10	\$0.00	\$0.00	
84600	Q	ASSAY OF VOLATILES				Medicare	\$36.47	\$0.00	\$0.00	
84620	Q	XYLOSE TOLERANCE TEST				Medicare	\$26.87	\$0.00	\$0.00	
84630	Q	ASSAY OF ZINC				Medicare	\$25.83	\$0.00	\$0.00	
84681	Q	ASSAY OF C-PEPTIDE				Medicare	\$36.93	\$0.00	\$0.00	
84702	Q	CHORIONIC GONADOTROPIN TEST				Medicare	\$34.15	\$0.00	\$0.00	
84703	Q	CHORIONIC GONADOTROPIN ASSAY				Medicare	\$17.05	\$0.00	\$0.00	
84704	Q	HCG FREE BETACHAIN TEST				Medicare	\$34.15	\$0.00	\$0.00	
84830	Q	OVULATION TESTS				Medicare	\$9.00	\$0.00	\$0.00	
84999	N	CLINICAL CHEMISTRY TEST				Bundled	\$0.00			
85002	Q	BLEEDING TIME TEST				Medicare	\$10.22	\$0.00	\$0.00	
85004	Q	AUTOMATED DIFF WBC COUNT				Medicare	\$14.68	\$0.00	\$0.00	
85007	Q	BL SMEAR W/DIFF WBC COUNT				Medicare	\$7.80	\$0.00	\$0.00	
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Medicare	\$7.80	\$0.00	\$0.00	
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Medicare	\$6.53	\$0.00	\$0.00	
85013	Q	SPUN MICROHEMATOCRIT				Medicare	\$5.38	\$0.00	\$0.00	
85014	Q	HEMATOCRIT				Medicare	\$5.38	\$0.00	\$0.00	
85018	Q	HEMOGLOBIN				Medicare	\$5.38	\$0.00	\$0.00	
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Medicare	\$17.63	\$0.00	\$0.00	
85027	Q	COMPLETE CBC AUTOMATED				Medicare	\$14.68	\$0.00	\$0.00	
85032	Q	MANUAL CELL COUNT EACH				Medicare	\$9.75	\$0.00	\$0.00	
85041	Q	AUTOMATED RBC COUNT				Medicare	\$6.85	\$0.00	\$0.00	
85044	Q	MANUAL RETICULOCYTE COUNT				Medicare	\$9.75	\$0.00	\$0.00	
85045	Q	AUTOMATED RETICULOCYTE COUNT				Medicare	\$9.07	\$0.00	\$0.00	
85046	Q	RETICYTE/HGB CONCENTRATE				Medicare	\$12.65	\$0.00	\$0.00	
85048	Q	AUTOMATED LEUKOCYTE COUNT				Medicare	\$5.77	\$0.00	\$0.00	
85049	Q	AUTOMATED PLATELET COUNT				Medicare	\$10.15	\$0.00	\$0.00	
85055	Q	RETICULATED PLATELET ASSAY				Medicare	\$60.73	\$0.00	\$0.00	
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Medicare	\$26.97	\$0.00	\$0.00	
85170	Q	BLOOD CLOT RETRACTION				Medicare	\$8.20	\$0.00	\$0.00	
85175	Q	BLOOD CLOT LYSIS TIME				Medicare	\$10.32	\$0.00	\$0.00	
85210	Q	CLOT FACTOR II PROTHROM SPEC				Medicare	\$29.45	\$0.00	\$0.00	
85220	Q	BLOOC CLOT FACTOR V TEST				Medicare	\$40.02	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
85230	Q	CLOT FACTOR VII PROCONVERTIN				Medicare	\$40.62	\$0.00	\$0.00	
85240	Q	CLOT FACTOR VIII AHG 1 STAGE				Medicare	\$40.62	\$0.00	\$0.00	
85244	Q	CLOT FACTOR VIII RELTD ANTGN				Medicare	\$46.32	\$0.00	\$0.00	
85245	Q	CLOT FACTOR VIII VW RISTOCTN				Medicare	\$52.03	\$0.00	\$0.00	
85246	Q	CLOT FACTOR VIII VW ANTIGEN				Medicare	\$52.03	\$0.00	\$0.00	
85247	Q	CLOT FACTOR VIII MULTIMETRIC				Medicare	\$52.03	\$0.00	\$0.00	
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS				Medicare	\$43.18	\$0.00	\$0.00	
85260	Q	CLOT FACTOR X STUART-POWER				Medicare	\$40.62	\$0.00	\$0.00	
85270	Q	CLOT FACTOR XI PTA				Medicare	\$40.62	\$0.00	\$0.00	
85280	Q	CLOT FACTOR XII HAGEMAN				Medicare	\$43.88	\$0.00	\$0.00	
85290	Q	CLOT FACTOR XIII FIBRIN STAB				Medicare	\$37.07	\$0.00	\$0.00	
85291	Q	CLOT FACTOR XIII FIBRIN SCRNI				Medicare	\$20.18	\$0.00	\$0.00	
85292	Q	CLOT FACTOR FLETCHER FACT				Medicare	\$42.95	\$0.00	\$0.00	
85293	Q	CLOT FACTOR WGT KININOGEN				Medicare	\$42.95	\$0.00	\$0.00	
85300	Q	ANTITHROMBIN III ACTIVITY				Medicare	\$26.88	\$0.00	\$0.00	
85301	Q	ANTITHROMBIN III ANTIGEN				Medicare	\$24.52	\$0.00	\$0.00	
85302	Q	CLOT INHIBIT PROT C ANTIGEN				Medicare	\$27.25	\$0.00	\$0.00	
85303	Q	CLOT INHIBIT PROT C ACTIVITY				Medicare	\$31.37	\$0.00	\$0.00	
85305	Q	CLOT INHIBIT PROT S TOTAL				Medicare	\$26.32	\$0.00	\$0.00	
85306	Q	CLOT INHIBIT PROT S FREE				Medicare	\$34.75	\$0.00	\$0.00	
85307	Q	ASSAY ACTIVATED PROTEIN C				Medicare	\$34.75	\$0.00	\$0.00	
85335	Q	FACTOR INHIBITOR TEST				Medicare	\$29.20	\$0.00	\$0.00	
85337	Q	THROMBOMODULIN				Medicare	\$23.65	\$0.00	\$0.00	
85345	Q	COAGULATION TIME LEE & WHITE				Medicare	\$9.75	\$0.00	\$0.00	
85347	Q	COAGULATION TIME ACTIVATED				Medicare	\$9.65	\$0.00	\$0.00	
85348	Q	COAGULATION TIME OTR METHOD				Medicare	\$8.45	\$0.00	\$0.00	
85360	Q	EUGLOBULIN LYSIS				Medicare	\$19.05	\$0.00	\$0.00	
85362	Q	FIBRIN DEGRADATION PRODUCTS				Medicare	\$15.63	\$0.00	\$0.00	
85366	Q	FIBRINOGEN TEST				Medicare	\$19.53	\$0.00	\$0.00	
85370	Q	FIBRINOGEN TEST				Medicare	\$25.75	\$0.00	\$0.00	
85378	Q	FIBRIN DEGRADE SEMIQUANT				Medicare	\$16.18	\$0.00	\$0.00	
85379	Q	FIBRIN DEGRADATION QUANT				Medicare	\$23.08	\$0.00	\$0.00	
85380	Q	FIBRIN DEGRADJ D-DIMER				Medicare	\$23.08	\$0.00	\$0.00	
85384	Q	FIBRINOGEN ACTIVITY				Medicare	\$19.27	\$0.00	\$0.00	
85385	Q	FIBRINOGEN ANTIGEN				Medicare	\$19.27	\$0.00	\$0.00	
85390	Q	FIBRINOLYSINS SCREEN I&R				Medicare	\$11.73	\$0.00	\$0.00	
85397	Q	CLOTTING FUNCT ACTIVITY				Medicare	\$52.03	\$0.00	\$0.00	
85400	Q	FIBRINOLYTIC PLASMIN				Medicare	\$20.07	\$0.00	\$0.00	
85410	Q	FIBRINOLYTIC ANTIPLASMIN				Medicare	\$17.48	\$0.00	\$0.00	
85415	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$39.00	\$0.00	\$0.00	
85420	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$14.82	\$0.00	\$0.00	
85421	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$23.10	\$0.00	\$0.00	
85441	Q	HEINZ BODIES DIRECT				Medicare	\$9.53	\$0.00	\$0.00	
85445	Q	HEINZ BODIES INDUCED				Medicare	\$15.47	\$0.00	\$0.00	
85460	Q	HEMOGLOBIN FETAL				Medicare	\$17.55	\$0.00	\$0.00	
85461	Q	HEMOGLOBIN FETAL				Medicare	\$15.05	\$0.00	\$0.00	
85475	Q	HEMOLYSIN ACID				Medicare	\$20.13	\$0.00	\$0.00	
85520	Q	HEPARIN ASSAY				Medicare	\$29.70	\$0.00	\$0.00	
85525	Q	HEPARIN NEUTRALIZATION				Medicare	\$26.87	\$0.00	\$0.00	
85530	Q	HEPARIN-PROTAMINE TOLERANCE				Medicare	\$32.15	\$0.00	\$0.00	
85536	Q	IRON STAIN PERIPHERAL BLOOD				Medicare	\$14.68	\$0.00	\$0.00	
85540	Q	WBC ALKALINE PHOSPHATASE				Medicare	\$19.52	\$0.00	\$0.00	
85547	Q	RBC MECHANICAL FRAGILITY				Medicare	\$19.52	\$0.00	\$0.00	
85549	Q	MURAMIDASE				Medicare	\$42.53	\$0.00	\$0.00	
85555	Q	RBC OSMOTIC FRAGILITY				Medicare	\$15.15	\$0.00	\$0.00	
85557	Q	RBC OSMOTIC FRAGILITY				Medicare	\$30.30	\$0.00	\$0.00	
85576	Q	BLOOD PLATELET AGGREGATION				Medicare	\$48.73	\$0.00	\$0.00	
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ				Medicare	\$12.13	\$0.00	\$0.00	
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL				Medicare	\$12.13	\$0.00	\$0.00	
85610	Q	PROTHROMBIN TIME				Medicare	\$8.92	\$0.00	\$0.00	
85611	Q	PROTHROMBIN TEST				Medicare	\$8.93	\$0.00	\$0.00	
85612	Q	VIPER VENOM PROTHROMBIN TIME				Medicare	\$21.72	\$0.00	\$0.00	
85613	Q	RUSSELL VIPER VENOM DILUTED				Medicare	\$21.72	\$0.00	\$0.00	
85635	Q	REPTILASE TEST				Medicare	\$22.32	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
85651	Q	RBC SED RATE NONAUTOMATED				Medicare	\$8.03	\$0.00	\$0.00	
85652	Q	RBC SED RATE AUTOMATED				Medicare	\$6.13	\$0.00	\$0.00	
85660	Q	RBC SICKLE CELL TEST				Medicare	\$12.50	\$0.00	\$0.00	
85670	Q	THROMBIN TIME PLASMA				Medicare	\$13.08	\$0.00	\$0.00	
85675	Q	THROMBIN TIME TITER				Medicare	\$15.53	\$0.00	\$0.00	
85705	Q	THROMBOPLASTIN INHIBITION				Medicare	\$21.40	\$0.00	\$0.00	
85730	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	\$13.62	\$0.00	\$0.00	
85732	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	\$14.68	\$0.00	\$0.00	
85810	Q	BLOOD VISCOSITY EXAMINATION				Medicare	\$26.48	\$0.00	\$0.00	
85999	N	HEMATOLOGY PROCEDURE				bundled, sometimes payable	\$0.00			
86000	Q	AGGLUTININS FEBRILE ANTIGEN				Medicare	\$15.83	\$0.00	\$0.00	
86001	Q	ALLERGEN SPECIFIC IGG				Medicare	\$6.57	\$0.00	\$0.00	
86003	Q	ALLERGEN SPECIFIC IGE				Medicare	\$6.57	\$0.00	\$0.00	
86005	Q	ALLERGEN SPECIFIC IGE				Medicare	\$18.08	\$0.00	\$0.00	
86021	Q	WBC ANTIBODY IDENTIFICATION				Medicare	\$34.15	\$0.00	\$0.00	
86022	Q	PLATELET ANTIBODIES				Medicare	\$41.67	\$0.00	\$0.00	
86023	Q	IMMUNOGLOBULIN ASSAY				Medicare	\$28.25	\$0.00	\$0.00	
86038	Q	ANTINUCLEAR ANTIBODIES				Medicare	\$27.42	\$0.00	\$0.00	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)				Medicare	\$25.32	\$0.00	\$0.00	
86060	Q	ANTISTREPTOLYSIN O TITER				Medicare	\$16.57	\$0.00	\$0.00	
86063	Q	ANTISTREPTOLYSIN O SCREEN				Medicare	\$13.08	\$0.00	\$0.00	
86140	Q	C-REACTIVE PROTEIN				Medicare	\$11.73	\$0.00	\$0.00	
86141	Q	C-REACTIVE PROTEIN HS				Medicare	\$29.37	\$0.00	\$0.00	
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY				Medicare	\$57.70	\$0.00	\$0.00	
86147	Q	CARDIOLIPIN ANTIBODY EA IG				Medicare	\$57.70	\$0.00	\$0.00	
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY				Medicare	\$36.45	\$0.00	\$0.00	
86155	Q	CHEMOTAXIS ASSAY				Medicare	\$36.27	\$0.00	\$0.00	
86156	Q	COLD AGGLUTININ SCREEN				Medicare	\$15.20	\$0.00	\$0.00	
86157	Q	COLD AGGLUTININ TITER				Medicare	\$18.28	\$0.00	\$0.00	
86160	Q	COMPLEMENT ANTIGEN				Medicare	\$27.22	\$0.00	\$0.00	
86161	Q	COMPLEMENT/FUNCTION ACTIVITY				Medicare	\$27.22	\$0.00	\$0.00	
86162	Q	COMPLEMENT TOTAL (CH50)				Medicare	\$43.68	\$0.00	\$0.00	
86171	Q	COMPLEMENT FIXATION EACH				Medicare	\$22.70	\$0.00	\$0.00	
86185	Q	COUNTERIMMUNOELECTROPHORESIS				Medicare	\$20.28	\$0.00	\$0.00	
86200	Q	CCP ANTIBODY				Medicare	\$29.37	\$0.00	\$0.00	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Medicare	\$30.05	\$0.00	\$0.00	
86225	Q	DNA ANTIBODY NATIVE				Medicare	\$31.15	\$0.00	\$0.00	
86226	Q	DNA ANTIBODY SINGLE STRAND				Medicare	\$25.08	\$0.00	\$0.00	
86235	Q	NUCLEAR ANTIGEN ANTIBODY				Medicare	\$40.68	\$0.00	\$0.00	
86243	Q	FC RECEPTOR				Medicare	\$46.53	\$0.00	\$0.00	
86255	Q	FLUORESCENT ANTIBODY SCREEN				Medicare	\$27.33	\$0.00	\$0.00	
86256	Q	FLUORESCENT ANTIBODY TITER				Medicare	\$27.33	\$0.00	\$0.00	
86277	Q	GROWTH HORMONE ANTIBODY				Medicare	\$35.70	\$0.00	\$0.00	
86280	Q	HEMAGGLUTINATION INHIBITION				Medicare	\$18.57	\$0.00	\$0.00	
86294	Q	IMMUNOASSAY TUMOR QUAL				Medicare	\$44.50	\$0.00	\$0.00	
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Medicare	\$47.20	\$0.00	\$0.00	
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Medicare	\$47.20	\$0.00	\$0.00	
86304	Q	IMMUNOASSAY TUMOR CA 125				Medicare	\$47.20	\$0.00	\$0.00	
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4				Medicare	\$47.20	\$0.00	\$0.00	
86308	Q	HETEROPHILE ANTIBODY SCREEN				Medicare	\$9.33	\$0.00	\$0.00	
86309	Q	HETEROPHILE ANTIBODY TITER				Medicare	\$14.68	\$0.00	\$0.00	
86310	Q	HETEROPHILE ANTIBODY ABSRBJ				Medicare	\$16.72	\$0.00	\$0.00	
86316	Q	IMMUNOASSAY TUMOR OTHER				Medicare	\$47.20	\$0.00	\$0.00	
86317	Q	IMMUNOASSAY INFECTIOUS AGENT				Medicare	\$25.12	\$0.00	\$0.00	
86318	Q	IMMUNOASSAY INFECTIOUS AGENT				Medicare	\$29.37	\$0.00	\$0.00	
86320	Q	SERUM IMMUNOELECTROPHORESIS				Medicare	\$50.83	\$0.00	\$0.00	
86325	Q	OTHER IMMUNOELECTROPHORESIS				Medicare	\$50.73	\$0.00	\$0.00	
86327	Q	IMMUNOELECTROPHORESIS ASSAY				Medicare	\$51.47	\$0.00	\$0.00	
86329	Q	IMMUNODIFFUSION NES				Medicare	\$31.85	\$0.00	\$0.00	
86331	Q	IMMUNODIFFUSION OUCHTERLONY				Medicare	\$27.17	\$0.00	\$0.00	
86332	Q	IMMUNE COMPLEX ASSAY				Medicare	\$55.28	\$0.00	\$0.00	
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Medicare	\$50.68	\$0.00	\$0.00	
86335	Q	IMMUNFIX E-PHORSIS/URINE/CSF				Medicare	\$66.57	\$0.00	\$0.00	
86336	Q	INHIBIN A				Medicare	\$35.35	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
86337	Q	INSULIN ANTIBODIES				Medicare	\$48.55	\$0.00	\$0.00	
86340	Q	INTRINSIC FACTOR ANTIBODY				Medicare	\$34.18	\$0.00	\$0.00	
86341	Q	ISLET CELL ANTIBODY				Medicare	\$44.87	\$0.00	\$0.00	
86343	Q	LEUKOCYTE HISTAMINE RELEASE				Medicare	\$28.27	\$0.00	\$0.00	
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Medicare	\$18.12	\$0.00	\$0.00	
86352	Q	CELL FUNCTION ASSAY W/STIM				Medicare	\$308.15	\$0.00	\$0.00	
86353	Q	LYMPHOCYTE TRANSFORMATION				Medicare	\$111.20	\$0.00	\$0.00	
86355	Q	B CELLS TOTAL COUNT				Medicare	\$85.57	\$0.00	\$0.00	
86356	Q	MONONUCLEAR CELL ANTIGEN				Medicare	\$60.73	\$0.00	\$0.00	
86357	Q	NK CELLS TOTAL COUNT				Medicare	\$85.57	\$0.00	\$0.00	
86359	Q	T CELLS TOTAL COUNT				Medicare	\$85.57	\$0.00	\$0.00	
86360	Q	T CELL ABSOLUTE COUNT/RATIO				Medicare	\$106.57	\$0.00	\$0.00	
86361	Q	T CELL ABSOLUTE COUNT				Medicare	\$60.73	\$0.00	\$0.00	
86367	Q	STEM CELLS TOTAL COUNT				Medicare	\$85.57	\$0.00	\$0.00	
86376	Q	MICROSOMAL ANTIBODY EACH				Medicare	\$33.00	\$0.00	\$0.00	
86378	Q	MIGRATION INHIBITORY FACTOR				Medicare	\$44.67	\$0.00	\$0.00	
86382	Q	NEUTRALIZATION TEST VIRAL				Medicare	\$38.35	\$0.00	\$0.00	
86384	Q	NITROBLUE TETRAZOLIUM DYE				Medicare	\$25.83	\$0.00	\$0.00	
86386	Q	NUCLEAR MATRIX PROTEIN 22				Medicare	\$36.22	\$0.00	\$0.00	
86403	Q	PARTICLE AGGLUT ANTBDY SCRNM				Medicare	\$23.12	\$0.00	\$0.00	
86406	Q	PARTICLE AGGLUT ANTBDY TITR				Medicare	\$24.12	\$0.00	\$0.00	
86430	Q	RHEUMATOID FACTOR TEST QUAL				Medicare	\$12.87	\$0.00	\$0.00	
86431	Q	RHEUMATOID FACTOR QUANT				Medicare	\$12.87	\$0.00	\$0.00	
86480	Q	TB TEST CELL IMMUN MEASURE				Medicare	\$140.58	\$0.00	\$0.00	
86481	Q	TB AG RESPONSE T-CELL SUSP				Medicare	\$169.93	\$0.00	\$0.00	
86590	Q	STREPTOKINASE ANTIBODY				Medicare	\$25.05	\$0.00	\$0.00	
86592	Q	SYPHILIS TEST NON-TREP QUAL				Medicare	\$9.68	\$0.00	\$0.00	
86593	Q	SYPHILIS TEST NON-TREP QUANT				Medicare	\$9.98	\$0.00	\$0.00	
86602	Q	ANTINOMYCES ANTIBODY				Medicare	\$23.08	\$0.00	\$0.00	
86603	Q	ADENOVIRUS ANTIBODY				Medicare	\$29.18	\$0.00	\$0.00	
86606	Q	ASPERGILLUS ANTIBODY				Medicare	\$34.15	\$0.00	\$0.00	
86609	Q	BACTERIUM ANTIBODY				Medicare	\$29.22	\$0.00	\$0.00	
86611	Q	BARTONELLA ANTIBODY				Medicare	\$23.08	\$0.00	\$0.00	
86612	Q	BLASTOMYCES ANTIBODY				Medicare	\$29.27	\$0.00	\$0.00	
86615	Q	BORDETELLA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86617	Q	LYME DISEASE ANTIBODY				Medicare	\$35.13	\$0.00	\$0.00	
86618	Q	LYME DISEASE ANTIBODY				Medicare	\$38.63	\$0.00	\$0.00	
86619	Q	BORRELIA ANTIBODY				Medicare	\$30.35	\$0.00	\$0.00	
86622	Q	BRUCELLA ANTIBODY				Medicare	\$20.27	\$0.00	\$0.00	
86625	Q	CAMPYLOBACTER ANTIBODY				Medicare	\$29.77	\$0.00	\$0.00	
86628	Q	CANDIDA ANTIBODY				Medicare	\$27.23	\$0.00	\$0.00	
86631	Q	CHLAMYDIA ANTIBODY				Medicare	\$26.82	\$0.00	\$0.00	
86632	Q	CHLAMYDIA IGM ANTIBODY				Medicare	\$28.78	\$0.00	\$0.00	
86635	Q	COCCIDIOIDES ANTIBODY				Medicare	\$26.02	\$0.00	\$0.00	
86638	Q	Q FEVER ANTIBODY				Medicare	\$27.50	\$0.00	\$0.00	
86641	Q	CRYPTOCOCCUS ANTIBODY				Medicare	\$32.68	\$0.00	\$0.00	
86644	Q	CMV ANTIBODY				Medicare	\$25.62	\$0.00	\$0.00	
86645	Q	CMV ANTIBODY IGM				Medicare	\$38.22	\$0.00	\$0.00	
86648	Q	DIPHTHERIA ANTIBODY				Medicare	\$34.48	\$0.00	\$0.00	
86651	Q	ENCEPHALITIS CALIFORN ANTBDY				Medicare	\$29.92	\$0.00	\$0.00	
86652	Q	ENCEPHALTIS EAST EQNE ANBDY				Medicare	\$29.92	\$0.00	\$0.00	
86653	Q	ENCEPHALTIS ST LOUIS ANTBDY				Medicare	\$29.92	\$0.00	\$0.00	
86654	Q	ENCEPHALTIS WEST EQNE ANTBDY				Medicare	\$29.92	\$0.00	\$0.00	
86658	Q	ENTEROVIRUS ANTIBODY				Medicare	\$29.55	\$0.00	\$0.00	
86663	Q	EPSTEIN-BARR ANTIBODY				Medicare	\$29.77	\$0.00	\$0.00	
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN				Medicare	\$34.70	\$0.00	\$0.00	
86665	Q	EPSTEIN-BARR CAPSID VCA				Medicare	\$41.15	\$0.00	\$0.00	
86666	Q	EHRlichia ANTIBODY				Medicare	\$23.08	\$0.00	\$0.00	
86668	Q	FRANCISELLA TULARENSIS				Medicare	\$23.60	\$0.00	\$0.00	
86671	Q	FUNGUS NES ANTIBODY				Medicare	\$27.80	\$0.00	\$0.00	
86674	Q	GIARDIA LAMBLIA ANTIBODY				Medicare	\$33.38	\$0.00	\$0.00	
86677	Q	HELICOBACTER PYLORI ANTIBODY				Medicare	\$32.90	\$0.00	\$0.00	
86682	Q	HELMINTH ANTIBODY				Medicare	\$29.50	\$0.00	\$0.00	
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY				Medicare	\$35.93	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
86687	Q	HTLV-I ANTIBODY				Medicare	\$19.03	\$0.00	\$0.00	
86688	Q	HTLV-II ANTIBODY				Medicare	\$31.77	\$0.00	\$0.00	
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY				Medicare	\$43.90	\$0.00	\$0.00	
86692	Q	HEPATITIS DELTA AGENT ANTBDY				Medicare	\$38.92	\$0.00	\$0.00	
86694	Q	HERPES SIMPLEX NES ANTBDY				Medicare	\$25.62	\$0.00	\$0.00	
86695	Q	HERPES SIMPLEX TYPE 1 TEST				Medicare	\$29.92	\$0.00	\$0.00	
86696	Q	HERPES SIMPLEX TYPE 2 TEST				Medicare	\$43.90	\$0.00	\$0.00	
86698	Q	HISTOPLASMA ANTIBODY				Medicare	\$28.35	\$0.00	\$0.00	
86701	Q	HIV-1ANTIBODY				Medicare	\$16.68	\$0.00	\$0.00	
86702	Q	HIV-2 ANTIBODY				Medicare	\$30.65	\$0.00	\$0.00	
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY				Medicare	\$31.10	\$0.00	\$0.00	
86704	Q	HEP B CORE ANTIBODY TOTAL				Medicare	\$27.33	\$0.00	\$0.00	
86705	Q	HEP B CORE ANTIBODY IGM				Medicare	\$26.72	\$0.00	\$0.00	
86706	Q	HEP B SURFACE ANTIBODY				Medicare	\$20.65	\$0.00	\$0.00	
86707	Q	HEPATITIS BE ANTIBODY				Medicare	\$26.25	\$0.00	\$0.00	
86708	Q	HEPATITIS A TOTAL ANTIBODY				Medicare	\$28.10	\$0.00	\$0.00	
86709	Q	HEPATITIS A IGM ANTIBODY				Medicare	\$25.53	\$0.00	\$0.00	
86710	Q	INFLUENZA VIRUS ANTIBODY				Medicare	\$30.73	\$0.00	\$0.00	
86711	Q	JOHN CUNNINGHAM ANTIBODY				Medicare	\$25.62	\$0.00	\$0.00	
86713	Q	LEGIONELLA ANTIBODY				Medicare	\$34.70	\$0.00	\$0.00	
86717	Q	LEISHMANIA ANTIBODY				Medicare	\$27.78	\$0.00	\$0.00	
86720	Q	LEPTOSPIRA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86723	Q	LISTERIA MONOCYTOGENES				Medicare	\$29.92	\$0.00	\$0.00	
86727	Q	LYMPH CHORIOMENINGITIS AB				Medicare	\$29.18	\$0.00	\$0.00	
86729	Q	LYMPHO VENEREUM ANTIBODY				Medicare	\$27.10	\$0.00	\$0.00	
86732	Q	MUCORMYCOSIS ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86735	Q	MUMPS ANTIBODY				Medicare	\$29.60	\$0.00	\$0.00	
86738	Q	MYCOPLASMA ANTIBODY				Medicare	\$30.03	\$0.00	\$0.00	
86741	Q	NEISSERIA MENINGITIDIS				Medicare	\$29.92	\$0.00	\$0.00	
86744	Q	NOCARDIA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86747	Q	PARVOVIRUS ANTIBODY				Medicare	\$34.10	\$0.00	\$0.00	
86750	Q	MALARIA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86753	Q	PROTOZOA ANTIBODY NOS				Medicare	\$28.10	\$0.00	\$0.00	
86756	Q	RESPIRATORY VIRUS ANTIBODY				Medicare	\$29.23	\$0.00	\$0.00	
86757	Q	RICKETTSIA ANTIBODY				Medicare	\$43.90	\$0.00	\$0.00	
86759	Q	ROTAVIRUS ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86762	Q	RUBELLA ANTIBODY				Medicare	\$25.62	\$0.00	\$0.00	
86765	Q	RUBEOLA ANTIBODY				Medicare	\$29.22	\$0.00	\$0.00	
86768	Q	SALMONELLA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86771	Q	SHIGELLA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86774	Q	TETANUS ANTIBODY				Medicare	\$33.57	\$0.00	\$0.00	
86777	Q	TOXOPLASMA ANTIBODY				Medicare	\$25.62	\$0.00	\$0.00	
86778	Q	TOXOPLASMA ANTIBODY IGM				Medicare	\$32.67	\$0.00	\$0.00	
86780	Q	TREPONEMA PALLIDUM				Medicare	\$30.03	\$0.00	\$0.00	
86784	Q	TRICHINELLA ANTIBODY				Medicare	\$28.48	\$0.00	\$0.00	
86787	Q	VARICELLA-ZOSTER ANTIBODY				Medicare	\$29.22	\$0.00	\$0.00	
86788	Q	WEST NILE VIRUS AB IGM				Medicare	\$38.22	\$0.00	\$0.00	
86789	Q	WEST NILE VIRUS ANTIBODY				Medicare	\$25.62	\$0.00	\$0.00	
86790	Q	VIRUS ANTIBODY NOS				Medicare	\$29.22	\$0.00	\$0.00	
86793	Q	YERSINIA ANTIBODY				Medicare	\$29.92	\$0.00	\$0.00	
86800	Q	THYROGLOBULIN ANTIBODY				Medicare	\$36.08	\$0.00	\$0.00	
86803	Q	HEPATITIS C AB TEST				Medicare	\$32.37	\$0.00	\$0.00	
86804	Q	HEP C AB TEST CONFIRM				Medicare	\$35.00	\$0.00	\$0.00	
86805	Q	LYMPHOCYTOTOXICITY ASSAY				Medicare	\$118.60	\$0.00	\$0.00	
86806	Q	LYMPHOCYTOTOXICITY ASSAY				Medicare	\$107.93	\$0.00	\$0.00	
86807	Q	CYTOTOXIC ANTIBODY SCREENING				Medicare	\$89.77	\$0.00	\$0.00	
86808	Q	CYTOTOXIC ANTIBODY SCREENING				Medicare	\$67.32	\$0.00	\$0.00	
86812	Q	HLA TYPING A B OR C				Medicare	\$58.53	\$0.00	\$0.00	
86813	Q	HLA TYPING A B OR C				Medicare	\$131.53	\$0.00	\$0.00	
86816	Q	HLA TYPING DR/DQ				Medicare	\$63.18	\$0.00	\$0.00	
86817	Q	HLA TYPING DR/DQ				Medicare	\$146.03	\$0.00	\$0.00	
86821	Q	LYMPHOCYTE CULTURE MIXED				Medicare	\$128.05	\$0.00	\$0.00	
86822	Q	LYMPHOCYTE CULTURE PRIMED				Medicare	\$82.92	\$0.00	\$0.00	
86825	Q	HLA X-MATH NON-CYTOTOXIC				Medicare	\$182.17	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL				Medicare	\$60.73	\$0.00	\$0.00	
86828	Q	HLA CLASS I&II ANTIBODY QUAL				Medicare	\$89.77	\$0.00	\$0.00	
86829	Q	HLA CLASS I/II ANTIBODY QUAL				Medicare	\$67.32	\$0.00	\$0.00	
86830	Q	HLA CLASS I PHENOTYPE QUAL				Medicare	\$183.12	\$0.00	\$0.00	
86831	Q	HLA CLASS II PHENOTYPE QUAL				Medicare	\$156.97	\$0.00	\$0.00	
86832	Q	HLA CLASS I HIGH DEFIN QUAL				Medicare	\$287.77	\$0.00	\$0.00	
86833	Q	HLA CLASS II HIGH DEFIN QUAL				Medicare	\$261.62	\$0.00	\$0.00	
86834	Q	HLA CLASS I SEMIQUANT PANEL				Medicare	\$810.98	\$0.00	\$0.00	
86835	Q	HLA CLASS II SEMIQUANT PANEL				Medicare	\$732.48	\$0.00	\$0.00	
86849	N	IMMUNOLOGY PROCEDURE				bundled, sometimes payable	\$0.00			
86940	Q	HEMOLYSINS/AGGLUTININS AUTO				Medicare	\$18.60	\$0.00	\$0.00	
86941	Q	HEMOLYSINS/AGGLUTININS				Medicare	\$27.47	\$0.00	\$0.00	
87003	Q	SMALL ANIMAL INOCULATION				Medicare	\$38.18	\$0.00	\$0.00	
87015	Q	SPECIMEN INFECT AGNT CONCNTJ				Medicare	\$15.15	\$0.00	\$0.00	
87040	Q	BLOOD CULTURE FOR BACTERIA				Medicare	\$23.42	\$0.00	\$0.00	
87045	Q	FECES CULTURE AEROBIC BACT				Medicare	\$21.42	\$0.00	\$0.00	
87046	Q	STOOL CULTR AEROBIC BACT EA				Medicare	\$21.42	\$0.00	\$0.00	
87070	Q	CULTURE OTHR SPECIMN AEROBIC				Medicare	\$19.53	\$0.00	\$0.00	
87071	Q	CULTURE AEROBIC QUANT OTHER				Medicare	\$21.42	\$0.00	\$0.00	
87073	Q	CULTURE BACTERIA ANAEROBIC				Medicare	\$21.42	\$0.00	\$0.00	
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Medicare	\$21.47	\$0.00	\$0.00	
87076	Q	CULTURE ANAEROBE IDENT EACH				Medicare	\$18.33	\$0.00	\$0.00	
87077	Q	CULTURE AEROBIC IDENTIFY				Medicare	\$18.33	\$0.00	\$0.00	
87081	Q	CULTURE SCREEN ONLY				Medicare	\$12.88	\$0.00	\$0.00	
87084	Q	CULTURE OF SPECIMEN BY KIT				Medicare	\$19.53	\$0.00	\$0.00	
87086	Q	URINE CULTURE/COLONY COUNT				Medicare	\$18.32	\$0.00	\$0.00	
87088	Q	URINE BACTERIA CULTURE				Medicare	\$12.88	\$0.00	\$0.00	
87101	Q	SKIN FUNGI CULTURE				Medicare	\$17.48	\$0.00	\$0.00	
87102	Q	FUNGUS ISOLATION CULTURE				Medicare	\$15.87	\$0.00	\$0.00	
87103	Q	BLOOD FUNGUS CULTURE				Medicare	\$20.45	\$0.00	\$0.00	
87106	Q	FUNGI IDENTIFICATION YEAST				Medicare	\$12.45	\$0.00	\$0.00	
87107	Q	FUNGI IDENTIFICATION MOLD				Medicare	\$12.45	\$0.00	\$0.00	
87109	Q	MYCOPLASMA				Medicare	\$34.90	\$0.00	\$0.00	
87110	Q	CHLAMYDIA CULTURE				Medicare	\$44.43	\$0.00	\$0.00	
87116	Q	MYCOBACTERIA CULTURE				Medicare	\$24.50	\$0.00	\$0.00	
87118	Q	MYCOBACTERIC IDENTIFICATION				Medicare	\$24.83	\$0.00	\$0.00	
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Medicare	\$12.65	\$0.00	\$0.00	
87143	Q	CULTURE TYPING GLC/HPLC				Medicare	\$28.42	\$0.00	\$0.00	
87147	Q	CULTURE TYPE IMMUNOLOGIC				Medicare	\$11.73	\$0.00	\$0.00	
87149	Q	DNA/RNA DIRECT PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87150	Q	DNA/RNA AMPLIFIED PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87152	Q	CULTURE TYPE PULSE FIELD GEL				Medicare	\$11.87	\$0.00	\$0.00	
87153	Q	DNA/RNA SEQUENCING				Medicare	\$261.63	\$0.00	\$0.00	
87158	Q	CULTURE TYPING ADDED METHOD				Medicare	\$11.87	\$0.00	\$0.00	
87164	Q	DARK FIELD EXAMINATION				Medicare	\$24.37	\$0.00	\$0.00	
87166	Q	DARK FIELD EXAMINATION				Medicare	\$25.62	\$0.00	\$0.00	
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Medicare	\$9.68	\$0.00	\$0.00	
87169	Q	MACROSCOPIC EXAM PARASITE				Medicare	\$9.68	\$0.00	\$0.00	
87172	Q	PINWORM EXAM				Medicare	\$9.68	\$0.00	\$0.00	
87176	Q	TISSUE HOMOGENIZATION CULTR				Medicare	\$13.35	\$0.00	\$0.00	
87177	Q	OVA AND PARASITES SMEARS				Medicare	\$20.18	\$0.00	\$0.00	
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE				Medicare	\$9.33	\$0.00	\$0.00	
87184	Q	MICROBE SUSCEPTIBLE DISK				Medicare	\$15.65	\$0.00	\$0.00	
87185	Q	MICROBE SUSCEPTIBLE ENZYME				Medicare	\$9.33	\$0.00	\$0.00	
87186	Q	MICROBE SUSCEPTIBLE MIC				Medicare	\$19.62	\$0.00	\$0.00	
87187	Q	MICROBE SUSCEPTIBLE MLC				Medicare	\$23.50	\$0.00	\$0.00	
87188	Q	MICROBE SUSCEPT MACROBROTH				Medicare	\$15.07	\$0.00	\$0.00	
87190	Q	MICROBE SUSCEPT MYCOBACTERI				Medicare	\$12.82	\$0.00	\$0.00	
87197	Q	BACTERICIDAL LEVEL SERUM				Medicare	\$34.08	\$0.00	\$0.00	
87205	Q	SMEAR GRAM STAIN				Medicare	\$9.68	\$0.00	\$0.00	
87206	Q	SMEAR FLUORESCENT/ACID STAI				Medicare	\$12.22	\$0.00	\$0.00	
87207	Q	SMEAR SPECIAL STAIN				Medicare	\$13.58	\$0.00	\$0.00	
87209	Q	SMEAR COMPLEX STAIN				Medicare	\$40.77	\$0.00	\$0.00	
87210	Q	SMEAR WET MOUNT SALINE/INK				Medicare	\$9.68	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
87220	Q	TISSUE EXAM FOR FUNGI				Medicare	\$9.68	\$0.00	\$0.00	
87230	Q	ASSAY TOXIN OR ANTITOXIN				Medicare	\$44.78	\$0.00	\$0.00	
87250	Q	VIRUS INOCULATE EGGS/ANIMAL				Medicare	\$44.37	\$0.00	\$0.00	
87252	Q	VIRUS INOCULATION TISSUE				Medicare	\$56.60	\$0.00	\$0.00	
87253	Q	VIRUS INOCULATE TISSUE ADDL				Medicare	\$45.82	\$0.00	\$0.00	
87254	Q	VIRUS INOCULATION SHELL VIA				Medicare	\$44.37	\$0.00	\$0.00	
87255	Q	GENET VIRUS ISOLATE HSV				Medicare	\$76.80	\$0.00	\$0.00	
87260	Q	ADENOVIRUS AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87265	Q	PERTUSSIS AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87267	Q	ENTEROVIRUS ANTIBODY DFA				Medicare	\$27.20	\$0.00	\$0.00	
87269	Q	GIARDIA AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87270	Q	CHLAMYDIA TRACHOMATIS AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87271	Q	CYTOMEGALOVIRUS DFA				Medicare	\$27.20	\$0.00	\$0.00	
87272	Q	CRYPTOSPORIDIUM AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87273	Q	HERPES SIMPLEX 2 AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87274	Q	HERPES SIMPLEX 1 AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87275	Q	INFLUENZA B AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87276	Q	INFLUENZA A AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87277	Q	LEGIONELLA MICDADEI AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87278	Q	LEGION PNEUMOPHILIA AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87279	Q	PARAINFLUENZA AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87280	Q	RESPIRATORY SYNCYTIAL AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87281	Q	PNEUMOCYSTIS CARINII AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87283	Q	RUBEOLA AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87285	Q	TREPONEMA PALLIDUM AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87290	Q	VARICELLA ZOSTER AG IF				Medicare	\$27.20	\$0.00	\$0.00	
87299	Q	ANTIBODY DETECTION NOS IF				Medicare	\$27.20	\$0.00	\$0.00	
87300	Q	AG DETECTION POLYVAL IF				Medicare	\$27.20	\$0.00	\$0.00	
87301	Q	ADENOVIRUS AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87305	Q	ASPERGILLUS AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87320	Q	CHYLM D TRACH AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87324	Q	CLOSTRIDIUM AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87327	Q	CRYPTOCOCCUS NEOFORM AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87328	Q	CRYPTOSPORIDIUM AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87329	Q	GIARDIA AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87332	Q	CYTOMEGALOVIRUS AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87335	Q	E COLI 0157 AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87336	Q	ENTAMOEB HIST DISPR AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87337	Q	ENTAMOEB HIST GROUP AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87338	Q	HPYLORI STOOL EIA				Medicare	\$27.22	\$0.00	\$0.00	
87339	Q	H PYLORI AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87340	Q	HEPATITIS B SURFACE AG EIA				Medicare	\$21.97	\$0.00	\$0.00	
87341	Q	HEPATITIS B SURFACE AG EIA				Medicare	\$21.97	\$0.00	\$0.00	
87350	Q	HEPATITIS BE AG EIA				Medicare	\$22.18	\$0.00	\$0.00	
87380	Q	HEPATITIS DELTA AG EIA				Medicare	\$37.22	\$0.00	\$0.00	
87385	Q	HISTOPLASMA CAPSUL AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87389	Q	HIV-1 AG W/HIV-1 & HIV-2 AB				Medicare	\$54.62	\$0.00	\$0.00	
87390	Q	HIV-1 AG EIA				Medicare	\$40.02	\$0.00	\$0.00	
87391	Q	HIV-2 AG EIA				Medicare	\$40.02	\$0.00	\$0.00	
87400	Q	INFLUENZA A/B AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87420	Q	RESP SYNCYTIAL AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87425	Q	ROTAVIRUS AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87427	Q	SHIGA-LIKE TOXIN AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87430	Q	STREP A AG EIA				Medicare	\$27.20	\$0.00	\$0.00	
87449	Q	AG DETECT NOS EIA MULT				Medicare	\$27.20	\$0.00	\$0.00	
87450	Q	AG DETECT NOS EIA SINGLE				Medicare	\$21.75	\$0.00	\$0.00	
87451	Q	AG DETECT POLYVAL EIA MULT				Medicare	\$21.75	\$0.00	\$0.00	
87470	Q	BARTONELLA DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87471	Q	BARTONELLA DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87472	Q	BARTONELLA DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87475	Q	LYME DIS DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87476	Q	LYME DIS DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87477	Q	LYME DIS DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87480	Q	CANDIDA DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
87481	Q	CANDIDA DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87482	Q	CANDIDA DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87485	Q	CHYLM D PNEUM DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87486	Q	CHYLM D PNEUM DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87487	Q	CHYLM D PNEUM DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87490	Q	CHYLM D TRACH DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87491	Q	CHYLM D TRACH DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87492	Q	CHYLM D TRACH DNA QUANT				Medicare	\$79.28	\$0.00	\$0.00	
87493	Q	C DIFF AMPLIFIED PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87495	Q	CYTOMEG DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87496	Q	CYTOMEG DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87497	Q	CYTOMEG DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS				Medicare	\$79.60	\$0.00	\$0.00	
87500	Q	VANOMYCIN DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87501	Q	INFLUENZA DNA AMP PROB 1+				Medicare	\$116.38	\$0.00	\$0.00	
87502	Q	INFLUENZA DNA AMP PROBE				Medicare	\$193.00	\$0.00	\$0.00	
87503	Q	INFLUENZA DNA AMP PROB ADDL				Medicare	\$47.10	\$0.00	\$0.00	
87510	Q	GARDNER VAG DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87511	Q	GARDNER VAG DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87512	Q	GARDNER VAG DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87515	Q	HEPATITIS B DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87516	Q	HEPATITIS B DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87517	Q	HEPATITIS B DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87520	Q	HEPATITIS C RNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87521	Q	HEPATITIS C PROBE&RVRS TRNSC				Medicare	\$79.60	\$0.00	\$0.00	
87522	Q	HEPATITIS C REVRS TRNSCRPJ				Medicare	\$97.15	\$0.00	\$0.00	
87525	Q	HEPATITIS G DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87526	Q	HEPATITIS G DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87527	Q	HEPATITIS G DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87528	Q	HSV DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87529	Q	HSV DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87530	Q	HSV DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87531	Q	HHV-6 DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87532	Q	HHV-6 DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87533	Q	HHV-6 DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87534	Q	HIV-1 DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ				Medicare	\$79.60	\$0.00	\$0.00	
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ				Medicare	\$193.00	\$0.00	\$0.00	
87537	Q	HIV-2 DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87538	Q	HIV-2 PROBE&REVRSE TRNSCRIPJ				Medicare	\$79.60	\$0.00	\$0.00	
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ				Medicare	\$97.15	\$0.00	\$0.00	
87540	Q	LEGION PNEUMO DNA DIR PROB				Medicare	\$45.48	\$0.00	\$0.00	
87541	Q	LEGION PNEUMO DNA AMP PROB				Medicare	\$79.60	\$0.00	\$0.00	
87542	Q	LEGION PNEUMO DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87550	Q	MYCOBACTERIA DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87551	Q	MYCOBACTERIA DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87552	Q	MYCOBACTERIA DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87555	Q	M.TUBERCULO DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87556	Q	M.TUBERCULO DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87557	Q	M.TUBERCULO DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87560	Q	M.AVIUM-INTRA DNA DIR PROB				Medicare	\$45.48	\$0.00	\$0.00	
87561	Q	M.AVIUM-INTRA DNA AMP PROB				Medicare	\$79.60	\$0.00	\$0.00	
87562	Q	M.AVIUM-INTRA DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87580	Q	M.PNEUMON DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87581	Q	M.PNEUMON DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87582	Q	M.PNEUMON DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87590	Q	N.GONORRHOEAE DNA DIR PROB				Medicare	\$45.48	\$0.00	\$0.00	
87591	Q	N.GONORRHOEAE DNA AMP PROB				Medicare	\$79.60	\$0.00	\$0.00	
87592	Q	N.GONORRHOEAE DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87631	Q	RESP VIRUS 3-5 TARGETS				Medicare	\$290.97	\$0.00	\$0.00	
87632	Q	RESP VIRUS 6-11 TARGETS				Medicare	\$484.08	\$0.00	\$0.00	
87633	Q	RESP VIRUS 12-25 TARGETS				Medicare	\$945.30	\$0.00	\$0.00	
87640	Q	STAPH A DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87641	Q	MR-STAPH DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
87650	Q	STREP A DNA DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87651	Q	STREP A DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87652	Q	STREP A DNA QUANT				Medicare	\$94.70	\$0.00	\$0.00	
87653	Q	STREP B DNA AMP PROBE				Medicare	\$79.60	\$0.00	\$0.00	
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Medicare	\$45.48	\$0.00	\$0.00	
87661	Q	TRICHOMONAS VAGINALIS AMPLIF				Medicare	\$79.60	\$0.00	\$0.00	
87797	Q	DETECT AGENT NOS DNA DIR				Medicare	\$45.48	\$0.00	\$0.00	
87798	Q	DETECT AGENT NOS DNA AMP				Medicare	\$79.60	\$0.00	\$0.00	
87799	Q	DETECT AGENT NOS DNA QUANT				Medicare	\$97.15	\$0.00	\$0.00	
87800	Q	DETECT AGNT MULT DNA DIREC				Medicare	\$90.98	\$0.00	\$0.00	
87801	Q	DETECT AGNT MULT DNA AMPLI				Medicare	\$159.20	\$0.00	\$0.00	
87802	Q	STREP B ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87804	Q	INFLUENZA ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87807	Q	RSV ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87809	Q	ADENOVIRUS ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87810	Q	CHYLM D TRACH ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87880	Q	STREP A ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87899	Q	AGENT NOS ASSAY W/OPTIC				Medicare	\$27.20	\$0.00	\$0.00	
87900	Q	PHENOTYPE INFECT AGENT DRUG				Medicare	\$283.03	\$0.00	\$0.00	
87901	Q	GENOTYPE DNA HIV REVERSE T				Medicare	\$583.92	\$0.00	\$0.00	
87902	Q	GENOTYPE DNA/RNA HEP C				Medicare	\$583.92	\$0.00	\$0.00	
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Medicare	\$1,108.30	\$0.00	\$0.00	
87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Medicare	\$56.60	\$0.00	\$0.00	
87905	Q	SIALIDASE ENZYME ASSAY				Medicare	\$27.72	\$0.00	\$0.00	
87906	Q	GENOTYPE DNA/RNA HIV				Medicare	\$291.97	\$0.00	\$0.00	
87910	Q	GENOTYPE CYTOMEGALOVIRUS				Medicare	\$583.92	\$0.00	\$0.00	
87912	Q	GENOTYPE DNA HEPATITIS B				Medicare	\$583.92	\$0.00	\$0.00	
87999	N	MICROBIOLOGY PROCEDURE				bundled, sometimes payable	\$0.00			
88130	Q	SEX CHROMATIN IDENTIFICATION				Medicare	\$34.13	\$0.00	\$0.00	
88140	Q	SEX CHROMATIN IDENTIFICATION				Medicare	\$18.13	\$0.00	\$0.00	
88142	Q	CYTOPATH C/V THIN LAYER				Medicare	\$45.95	\$0.00	\$0.00	
88143	Q	CYTOPATH C/V THIN LAYER REDO				Medicare	\$45.95	\$0.00	\$0.00	
88147	Q	CYTOPATH C/V AUTOMATED				Medicare	\$25.82	\$0.00	\$0.00	
88148	Q	CYTOPATH C/V AUTO RESCREEN				Medicare	\$34.47	\$0.00	\$0.00	
88150	Q	CYTOPATH C/V MANUAL				Medicare	\$23.97	\$0.00	\$0.00	
88152	Q	CYTOPATH C/V AUTO REDO				Medicare	\$23.97	\$0.00	\$0.00	
88153	Q	CYTOPATH C/V REDO				Medicare	\$23.97	\$0.00	\$0.00	
88154	Q	CYTOPATH C/V SELECT				Medicare	\$23.97	\$0.00	\$0.00	
88155	Q	CYTOPATH C/V INDEX ADD-ON				Medicare	\$13.58	\$0.00	\$0.00	
88164	Q	CYTOPATH TBS C/V MANUAL				Medicare	\$23.97	\$0.00	\$0.00	
88165	Q	CYTOPATH TBS C/V REDO				Medicare	\$23.97	\$0.00	\$0.00	
88166	Q	CYTOPATH TBS C/V AUTO REDO				Medicare	\$23.97	\$0.00	\$0.00	
88167	Q	CYTOPATH TBS C/V SELECT				Medicare	\$23.97	\$0.00	\$0.00	
88174	Q	CYTOPATH C/V AUTO IN FLUID				Medicare	\$48.47	\$0.00	\$0.00	
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Medicare	\$60.08	\$0.00	\$0.00	
88230	Q	TISSUE CULTURE LYMPHOCYTE				Medicare	\$264.23	\$0.00	\$0.00	
88233	Q	TISSUE CULTURE SKIN/BIOPSY				Medicare	\$319.18	\$0.00	\$0.00	
88235	Q	TISSUE CULTURE PLACENTA				Medicare	\$334.00	\$0.00	\$0.00	
88237	Q	TISSUE CULTURE BONE MARROW				Medicare	\$286.48	\$0.00	\$0.00	
88239	Q	TISSUE CULTURE TUMOR				Medicare	\$334.58	\$0.00	\$0.00	
88240	Q	CELL CRYOPRESERVE/STORAGE				Medicare	\$22.90	\$0.00	\$0.00	
88241	Q	FROZEN CELL PREPARATION				Medicare	\$22.90	\$0.00	\$0.00	
88245	Q	CHROMOSOME ANALYSIS 20-25				Medicare	\$337.63	\$0.00	\$0.00	
88248	Q	CHROMOSOME ANALYSIS 50-100				Medicare	\$392.78	\$0.00	\$0.00	
88249	Q	CHROMOSOME ANALYSIS 100				Medicare	\$392.78	\$0.00	\$0.00	
88261	Q	CHROMOSOME ANALYSIS 5				Medicare	\$400.85	\$0.00	\$0.00	
88262	Q	CHROMOSOME ANALYSIS 15-20				Medicare	\$282.70	\$0.00	\$0.00	
88263	Q	CHROMOSOME ANALYSIS 45				Medicare	\$340.87	\$0.00	\$0.00	
88264	Q	CHROMOSOME ANALYSIS 20-25				Medicare	\$282.70	\$0.00	\$0.00	
88267	Q	CHROMOSOME ANALYS PLACENTA				Medicare	\$407.73	\$0.00	\$0.00	
88269	Q	CHROMOSOME ANALYS AMNIOTIC				Medicare	\$377.23	\$0.00	\$0.00	

Proc Cd	2014 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2014 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
88271	Q	CYTOGENETICS DNA PROBE				Medicare	\$32.83	\$0.00	\$0.00	
88272	Q	CYTOGENETICS 3-5				Medicare	\$41.05	\$0.00	\$0.00	
88273	Q	CYTOGENETICS 10-30				Medicare	\$57.45	\$0.00	\$0.00	
88274	Q	CYTOGENETICS 25-99				Medicare	\$65.63	\$0.00	\$0.00	
88275	Q	CYTOGENETICS 100-300				Medicare	\$73.87	\$0.00	\$0.00	
88280	Q	CHROMOSOME KARYOTYPE STUDY				Medicare	\$56.92	\$0.00	\$0.00	
88283	Q	CHROMOSOME BANDING STUDY				Medicare	\$42.08	\$0.00	\$0.00	
88285	Q	CHROMOSOME COUNT ADDITIONAL				Medicare	\$43.10	\$0.00	\$0.00	
88289	Q	CHROMOSOME STUDY ADDITIONAL				Medicare	\$7.23	\$0.00	\$0.00	
88371	Q	PROTEIN WESTERN BLOT TISSUE				Medicare	\$28.07	\$0.00	\$0.00	
88372	Q	PROTEIN ANALYSIS W/PROBE				Medicare	\$42.10	\$0.00	\$0.00	
88720	Q	BILIRUBIN TOTAL TRANSCUT				Medicare	\$11.38	\$0.00	\$0.00	
88738	Q	HGB QUANT TRANSCUTANEOUS				Medicare	\$11.38	\$0.00	\$0.00	
88740	Q	TRANSCUTANEOUS CARBOXYHB				Medicare	\$11.38	\$0.00	\$0.00	
88741	Q	TRANSCUTANEOUS METHB				Medicare	\$11.38	\$0.00	\$0.00	
88749	N	IN VIVO LAB SERVICE				bundled, sometimes payable	\$0.00			
89050	Q	BODY FLUID CELL COUNT				Medicare	\$10.72	\$0.00	\$0.00	
89051	Q	BODY FLUID CELL COUNT				Medicare	\$12.48	\$0.00	\$0.00	
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Medicare	\$9.68	\$0.00	\$0.00	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Medicare	\$16.23	\$0.00	\$0.00	
89125	Q	SPECIMEN FAT STAIN				Medicare	\$9.80	\$0.00	\$0.00	
89160	Q	EXAM FECES FOR MEAT FIBERS				Medicare	\$8.37	\$0.00	\$0.00	
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Medicare	\$10.77	\$0.00	\$0.00	
89300	E	SEMEN ANALYSIS W/HUHNER				Not Allowed	\$0.00			
89310	E	SEMEN ANALYSIS W/COUNT				Not Allowed	\$0.00			
89320	E	SEMEN ANAL VOL/COUNT/MOT				Not Allowed	\$0.00			
89321	E	SEMEN ANAL SPERM DETECTION				Not Allowed	\$0.00			
89322	E	SEMEN ANAL STRICT CRITERIA				Not Allowed	\$0.00			
89325	E	SPERM ANTIBODY TEST				Not Allowed	\$0.00			
89329	E	SPERM EVALUATION TEST				Not Allowed	\$0.00			
89330	E	EVALUATION CERVICAL MUCUS				Not Allowed	\$0.00			
89331	E	RETROGRADE EJACULATION ANAL				Not Allowed	\$0.00			